



SUN Development and Management Corporation and THE CAMBRIA SUITES WEST ORANGE – WEST ORANGE, NJ (“the Company”) are equal opportunity employers, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state or local law.

APPLICATION FOR EMPLOYMENT

Please complete entire application to ensure processing.

PERSONAL INFORMATION		
LAST NAME	FIRST NAME	MIDDLE INITIAL
OTHER NAME(S) USED:	HOME TELEPHONE #:	OTHER PHONE #:
HOME ADDRESS (STREET):	CITY, STATE, ZIP CODE:	E-MAIL ADDRESS:
<i>I understand that if I am hired, my employment with the company is contingent upon satisfactory proof of my authorization to work in the United States:</i>		Please initial: <input type="text"/>
Do you possess a valid Drivers' License or Identification?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list:
Have you ever interviewed with the Company before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list:
Have you ever been employed by the Company before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list:
Do you have any relatives employed by the Company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list:

GENERAL INFORMATION		
POSITION(S) APPLIED FOR (LIST ALL):	SALARY DESIRED:	REFERRED TO BY (LIST ORGANIZATION OR EMPLOYEE):
PREFER FULL-TIME OR PART-TIME:	DATE YOU CAN START:	LIST TIMES YOU ARE AVAILABLE (SCHEDULE PREFERRED):
LIST ANY SKILLS YOU POSSES OR MACHINES/EQUIPMENT YOU CAN OPERATE:	LIST ANY COMPUTER PROGRAMS YOU ARE FAMILIAR WITH:	

EDUCATION INFORMATION				
SCHOOL NAME:	HIGH SCHOOL (GED)	COLLEGE/UNIVERSITY/TRADE	GRADUATE/PROFESSIONAL	
	SCHOOL CITY/STATE:			
	YEARS COMPLETED (CIRCLE):	9 10 11 12	1 2 3 4	1 2 3 4
	DATE OF DIPLOMA/DEGREE/CERTIFICATE:			
SUBJECTS-MAJOR/SCHOLASTIC HONORS/ACTIVITIES:				

PERSONAL / PROFESSIONAL REFERENCES					
NOTE: Provide names of three (3) persons not related to you who are qualified to evaluate your capabilities. Each section MUST be answered completely or the entire application may be rejected. Incorrect telephone numbers may also disqualify this application.					
FIRST AND LAST NAME	CITY/STATE	TELEPHONE (W/ AREA CODE)	YRS KNOWN	OCCUPATION	RELATIONSHIP

The Company provides employment, training, compensation, promotion and other conditions of employment according to State and Federal EEOC guidelines. The Company participates in the Everify Program. We welcome your application!

[Type here]

EMPLOYMENT HISTORY						Current / Most Recent Position	
NAME OF COMPANY:		LOCATION (CITY/STATE):		TELEPHONE:		TYPE OF BUSINESS:	
DUTIES PERFORMED: <i>(Place additional information on separate sheet or attach resume.)</i>				NAME OF SUPERVISOR:		YOUR POSITION:	
DATE BEGAN (MM/YY):	DATE ENDED:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:		MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Previous Position							
NAME OF COMPANY:		LOCATION (CITY/STATE):		TELEPHONE:		TYPE OF BUSINESS:	
DUTIES PERFORMED: <i>(Place additional information on separate sheet or attach resume.)</i>				NAME OF SUPERVISOR:		YOUR POSITION:	
DATE BEGAN (MM/YY):	DATE ENDED:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:		MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Next Previous Position							
NAME OF COMPANY:		LOCATION (CITY/STATE):		TELEPHONE:		TYPE OF BUSINESS:	
DUTIES PERFORMED: <i>(Place additional information on separate sheet or attach resume.)</i>				NAME OF SUPERVISOR:		YOUR POSITION:	
DATE BEGAN (MM/YY):	DATE ENDED:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:		MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Next Previous Position							
NAME OF COMPANY:		LOCATION (CITY/STATE):		TELEPHONE:		TYPE OF BUSINESS:	
DUTIES PERFORMED: <i>(Place additional information on separate sheet or attach resume.)</i>				NAME OF SUPERVISOR:		YOUR POSITION:	
DATE BEGAN (MM/YY):	DATE ENDED:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:		MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	

IN ORDER TO PREVENT A DELAY IN PROCESSING THIS APPLICATION, PLEASE BE SURE TO SIGN AND DATE THIS FORM. BE SURE THAT YOU HAVE ANSWERED EACH QUESTION CLEARLY AND COMPLETELY. THE WAY IN WHICH YOU COMPLETE THIS FORM WILL HAVE BEARING ON THE CONSIDERATION IT RECEIVES.

Although Management makes every effort to accommodate individual preferences, business needs from time-to-time makes the following conditions mandatory: overtime, shift work, a rotating work schedule or a work schedule other than Monday through Friday. I understand and accept these conditions of my employment and agree to abide by the posted schedule, changes and other rules regarding scheduling.

I hereby authorize the Company to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by the Company to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality or non-compete agreement, should I become an employee of the Company. I understand that a criminal history check may be completed, as well as credit or consumer check. Further, I understand that the Company is a Drug-free Workplace. A pre-employment drug test will be required, as well as post-accident drug screens and the possibility of random screens.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire me. I understand that nothing in this form, the granting of an interview or subsequent employment with the Company is intended to create an employment contract between myself and the Company. On the contrary, I understand and agree that if hired, my employment is at will, which means that it is for no specified period of time and may be terminated by me or the Company at any time without prior notice for any reason. I understand that no person has authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide ORIGINAL documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of the Form I-9.

I hereby acknowledge that the above information is true and accurate to the best of my knowledge and subject to verification. I have carefully read, understand and agree to the above statements. My signature has been provided voluntarily and without provocation.

APPLICATION VERIFICATION			THIS APPLICATION WILL RECEIVE ACTIVE CONSIDERATION FOR THIRTY DAYS.		
SIGNATURE OF APPLICANT:		PRINTED NAME OF APPLICANT:		DATE OF SIGNATURE:	

[Type here]