

BOUTIQUE HOTEL PROFESSIONALS

APPLICATION FOR EMPLOYMENT

Boutique Hotel Professionals, LLC is an Equal Opportunity Employer. Boutique Hotel Professionals, LLC (hereinafter referred to as "BHP") is committed to equal employment opportunity and prohibits discrimination based upon race, color, religion, sex, national origin, genetic information, age, disability, marital status, height, weight, or any other status protected by applicable local, state and/or federal law.

PERSONAL		
Date of Application:	First Name	Middle Name Last Name
Cell Phone #: ()	Street Address:	City, State, Zip Code
Date available to work?	Desired Position: Expected rate of pay: \$	Email Address:
Are you legally authorized to accept employment in the United States?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you 18 or older?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>NOTE TO APPLICANT: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</i>		
Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any of your relatives or any persons living in your household employees or former employees of BHP:		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list individual(s) names(s), their position(s), relation, and dates of employment: _____		
Have you ever worked for BHP before?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, dated employed: _____ Position(s) worked: _____		
Reason(s) for leaving: _____		
Have you ever been convicted (including a plea of guilty or not contest) of a misdemeanor or felony?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list conviction(s) and date(s): _____		
Do you have any pending felony charges?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list charge(s) and date (s): _____		
<i>ANSWERING YES TO THE ABOVE QUESTIONS WILL NOT AUTOMATICALLY DISQUALIFY OR EXCLUDE AN APPLICANT FROM EMPLOYMENT BUT MAY BE CONSIDERED IN RELATION TO JOB REQUIREMENTS.</i>		

APPLICATION FOR EMPLOYMENT (continued)

EMPLOYMENT HISTORY

BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT, INCLUDING MILITARY, PART-TIME, SUMMER, AND VOLUNTEER. (ATTACH ADDITIONAL SHEETS IF NECESSARY.)

1	EMPLOYER	FROM		STARTING SALARY	REASON FOR LEAVING: (Please Explain) VOLUNTARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
		MO.	YR.	\$	
NAME OF COMPANY				\$	
ADDRESS		TO		ENDING SALARY	
		MO.	YR.	\$	
CITY, STATE, ZIP					IMMEDIATE SUPERVISOR
PHONE NO.		MAY WE CONTACT EMPLOYER?			<input type="checkbox"/> YES <input type="checkbox"/> NO

JOB TITLE AND DUTIES

2	EMPLOYER	FROM		STARTING SALARY	REASON FOR LEAVING: (Please Explain) VOLUNTARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
		MO.	YR.	\$	
NAME OF COMPANY				\$	
ADDRESS		TO		ENDING SALARY	
		MO.	YR.	\$	
CITY, STATE, ZIP					IMMEDIATE SUPERVISOR
PHONE NO.		MAY WE CONTACT EMPLOYER?			<input type="checkbox"/> YES <input type="checkbox"/> NO

JOB TITLE AND DUTIES

3	EMPLOYER	FROM		STARTING SALARY	REASON FOR LEAVING: (Please Explain) VOLUNTARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
		MO.	YR.	\$	
NAME OF COMPANY				\$	
ADDRESS		TO		ENDING SALARY	
		MO.	YR.	\$	
CITY, STATE, ZIP					IMMEDIATE SUPERVISOR
PHONE NO.		MAY WE CONTACT EMPLOYER?			<input type="checkbox"/> YES <input type="checkbox"/> NO

JOB TITLE AND DUTIES

Have you ever been discharged, suspended or asked to resign from employment? YES NO

If yes, list employer(s) and explain: _____

APPLICATION FOR EMPLOYMENT (continued)

CERTIFICATIONS

Do you possess any valid job-specific certifications or licenses: [] YES [] NO

If yes, please list the following information for each certification/ license – Title & type of certification/ license, year issued, expiration, endorsements, issuing agency:

**You will be required to provide an official copy, front and back, prior to your being hired.*

Have you ever had a professional license or certification revoked or suspended? [] YES [] NO

If yes, please provide details: _____

MILITARY SERVICE RECORD

U.S. BRANCH OF SERVICE:	DATE OF INDUCTION:	TYPE OF DISCHARGE*, DISCHARGE DATE, AND RANK AT DISCHARGE:
-------------------------	--------------------	--

**A less-than-honorable discharge is not an absolute bar to employment, depending on the nature of the job sought. Further, a medical discharge will have no impact on your employment chances unless you are unable to perform the essential functions of the job for which you have applied with or without a reasonable accommodation.*

EDUCATION TYPE OF SCHOOL	NAME OF SCHOOL & CITY, STATE	SUBJECT STUDIED	GRADUATED	SCHOLARSHIP OR AWARDS
GRAMMAR/GRADE SCHOOL			[] YES [] NO	
HIGH SCHOOL			[] YES [] NO	
COLLEGE			[] YES [] NO	
GRADUATE SCHOOL			[] YES [] NO	
BUSINESS / TRADE / OTHER			[] YES [] NO	

PERSONAL OR BUSINESS REFERENCES

IDENTIFY THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST THREE (3) YEARS THAT WE MAY CONTACT FOR A REFERENCE. NOTE: FAILURE TO SUPPLY AT LEAST THREE (3) EMPLOYMENT REFERENCES WILL LESSEN YOUR CHANCES OF EMPLOYMENT WITH BHP.

1	NAME	OCCUPATION
EMAIL		BUSINESS PHONE ()
2	NAME	OCCUPATION
EMAIL		BUSINESS PHONE ()
3	NAME	OCCUPATION
EMAIL		BUSINESS PHONE ()

APPLICATION FOR EMPLOYMENT (continued)

APPLICANT'S CERTIFICATION AND AGREEMENT - PLEASE READ BEFORE SIGNING

I certify that all answers and information given by me in this Application for Employment, in my resume, and in any other materials I have submitted are true, accurate and complete. I understand that falsification, misrepresentation, omission of fact or providing inaccurate or misleading answers or information on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize Boutique Hotel Professionals, LLC (hereinafter referred to as "BHP") or its representative to investigate my education, work and professional history and verify all data provided during the application process and throughout my employment. I agree to submit to a background check, including drug testing, if requested by BHP. I release BHP from any liability that might arise from such investigation and/or testing. I request that all previous employers contacted by BHP fully respond to all inquiries concerning my previous employment. I specifically waive prior written notice of disclosure of my personnel record information including salary information, disciplinary reports, and job performance, in consideration of the acceptance of my application, and release BHP, its agents and my previous employers from any liability arising out of such response and disclosure. I understand that employment arising out of this application is contingent upon the results of this investigation and/or testing.

I certify that no promises of employment have been made to me and I understand that no such promise is binding upon BHP. I acknowledge that any employment relationship with BHP is "at will," which means that I may resign at any time and BHP may discharge me at any time with or without cause and with or without notice. I also understand and agree that this "at will" employment relationship may not be modified or altered and that no employee or representative of BHP, other than the Chief Executive Officer of BHP, has authority to enter into any agreement for employment for any period of time or make any agreement contrary to the at will employment relationship. To be effective, any such agreement must be in writing, signed by me and the Chief Executive Office of BHP.

I understand and agree that, if hired, my compensation and benefits are subject to change by BHP with or without notice. I acknowledge that my assigned work hours and place of work may be modified by BHP.

I understand and agree that, if hired, I am prohibited from disclosing any confidential information about BHP's guests or customers of the hotel, golf course and/or conference center outside of BHP, and that any such action will result in my immediate termination of employment. I further understand and agree that, if hired, I must sign an Employee Confidentiality Agreement.

I understand that in Michigan, employers are required to make reasonable accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand that in Michigan, disabled applicants and employees must request an accommodation for their disability by notifying BHP, in writing, within one hundred eighty-two (182) days of the date the individual knows, or should know, that an accommodation is needed. Failure to properly notify BHP will preclude any claim that BHP failed to accommodate the disability.

I agree that any claim, charge, action or lawsuit against BHP and/or its predecessors, successors, assigns, subsidiaries, parent(s), affiliates and/or their past and present officers, directors, employees and agents in their individual and representative capacities arising out of my application, employment or termination including, but not limited to, claims arising under state or federal civil rights statutes, must be brought within one hundred eighty (180) days of the event giving rise to the claim(s), charge(s), action(s) or lawsuit(s) or within the limitations period contained in the statute I am suing under, whichever is shorter. I understand and agree that any claim, charge, action or a lawsuit filed outside this limitations period is barred forever. I waive any limitation period to the contrary.

I have read, understand, and agree to the above statements and conditions of employment.

APPLICANT SIGNATURE _____ **DATE** _____