



Fontainebleau Hotel

Dear Applicant,

I would like to thank you in advance for applying for employment at the Clarion Resort Fontainebleau Hotel.

Please be informed that after filling out this application you probably will be interviewed several times. The Human Resources Assistant will screen your application. You will then be sent to the Human Resources Director for your first interview. Please allow 15 minutes to one half-hour for this interview. If you are approved by the Human Resources Director, your references will be checked and if all goes well, you will then be sent to the Manager or Supervisor for the department you are applying. After this interview, you will then have a final interview and approval or disapproval with a Hotel Manager.

We try to go through all these steps in the same day, but when it is busy, it may take more than one day.

Please be patient and if we find that you are a good candidate for our family, you will hear from us by phone or by letter.

GOOD LUCK!

Sincerely,

A handwritten signature in black ink that reads "Leonard P. Berger M.D." in a cursive style.

Leonard P. Berger, M.D.
President & CEO



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY IMPROPER BASIS INCLUDING RACE, COLOR, AGE, SEX, MARITAL STATUS, RELIGION, NATIONAL ORIGIN, CITIZENSHIP OR PHYSICAL OR MENTAL DISABILITY OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE OR LOCAL LAW.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Fontainebleau Hotel

10100 Coastal Highway
Ocean City, MD 21842
1-800-638-2100
(410) 524-3535
FAX: (410) 524-3834

DATE _____

NAME _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____
(Street)

(City) (State) (zip) TELEPHONE NO. _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO
(IF NOT, EMPLOYMENT IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE.)

ARE YOU LAWFULLY PERMITTED TO WORK IN THE U.S.? YES NO

LIST ANY OTHER NAME YOU HAVE USED TO ASSIST US IN CHECKING YOUR REFERENCES AND BACKGROUND.

Year Round Permanent
Summer Temporary

POSITION(S) APPLIED FOR _____

RATE OF PAY EXPECTED _____

SPECIFY DAYS AND HOURS AVAILABLE _____ WHEN CAN YOU START _____

WHAT METHOD OF TRANSPORTATION WILL YOU USE TO GET TO WORK? _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

IF YES, GIVE STATE AND NUMBER _____

ARE YOU EMPLOYED NOW? YES NO IF YES, WHERE? _____

GIVE JOB TITLE AND DESCRIPTION OF DUTIES _____

WHAT IS YOUR SALARY/RATE OF PAY? _____

HAVE YOU EVER APPLIED HERE BEFORE? YES NO IF YES, WHEN? _____

WHY DO YOU WANT TO CHANGE JOBS? _____

MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

ARE YOU ON LAYOFF AND SUBJECT TO RECALL? _____

HAVE YOU WORKED FOR US BEFORE? YES NO IF YES, WHEN? _____

WHO WAS YOUR SUPERVISOR? _____

REASON FOR LEAVING BEFORE _____

REFERRED BY (Name of Agency and/or Person) _____

PLEASE LIST (2) PERSONAL REFERENCES (NON-RELATIVES)
Please list names, addresses, telephone numbers and relationship.

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTION OF THE POSITION YOU ARE APPLYING FOR WITH OR WITHOUT A REASONABLE ACCOMMODATION?

HAVE YOU EVER BEEN BONDED? YES NO IF YES, ON WHAT JOBS?

HAVE YOU EVER BEEN DISCHARGED FROM A JOB?
IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES:

HAVE YOU BEEN CONVICTED OF A CRIME? YES- NO- IF YES, LIST THE CONVICTION, ITS DATE, THE CIRCUMSTANCES, AND SENTENCE IMPOSED. (NOTE: LIST ONLY THOSE CONVICTIONS, WHICH HAVE NOT BEEN EXPUNGED).

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES? YES NO

IF YES, INDICATE WHICH SERVICE _____ DATE OF DISCHARGE _____

TYPE OF DISCHARGE _____

EDUCATION

CIRCLE LAST YEAR COMPLETED

ELEMENTARY SCHOOL 5 6 7 8

HIGH SCHOOL 1 2 3 4

COLLEGE 1 2 3 4

POST-COLLEGE?

NAME OF COLLEGE ATTENDED: _____

WILL YOU BE RETURNING? _____

IF YES, WHEN? _____

DRIVING RECORD

PLEASE LIST LICENSES YOU POSSESS: _____

LICENSE NUMBER: _____ STATE OF ISSUANCE: _____

POINTS/ CONVICTIONS IN THE LAST 5 YEARS: _____

WE MAY CONTACT EMPLOYERS LISTED ON THIS APPLICATION UNLESS YOU SPECIFICALLY EXCLUDE THEM BELOW. PLEASE LIST ANY EMPLOYERS YOU DO NOT WANT US TO CONTACT AND YOUR REASON FOR THE EXCLUSION.

EMPLOYER'S NAME _____

REASON _____

1

NAME OF COMPANY		TELEPHONE NUMBER		
ADDRESS				
IMMEDIATE SUPERVISOR & TITLE		DATE OF HIRE	DATE LEFT	STARTING PAY
FINAL PAY	JOB TITLE & DESCRIPTION OF DUTIES			
REASON FOR LEAVING				

2

NAME OF COMPANY		TELEPHONE NUMBER		
ADDRESS				
IMMEDIATE SUPERVISOR & TITLE		DATE OF HIRE	DATE LEFT	STARTING PAY
FINAL PAY	JOB TITLE & DESCRIPTION OF DUTIES			
REASON FOR LEAVING				

3

NAME OF COMPANY		TELEPHONE NUMBER		
ADDRESS				
IMMEDIATE SUPERVISOR & TITLE		DATE OF HIRE	DATE LEFT	STARTING PAY
FINAL PAY	JOB TITLE & DESCRIPTION OF DUTIES			
REASON FOR LEAVING				

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true and complete in all respects and I agree that if employed and it is found to be false or incomplete in any way, I may be subject to dismissal without notice, if and when discovered.

I hereby authorize the Company to conduct an investigation concerning all statements contained in my application for employment, to interview all employers and to conduct any other investigation that it deems appropriate. I further authorize past employers, all references and any other persons to answer all questions asked by the Company concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I request any duly constituted law enforcement agency or judicial officer to furnish the Company with all information pertaining to me concerning unexpunged convictions and I hereby release the Company and any law enforcement agency judicial or other individual from any liability arising from disclosure of such information pertaining to me which is obtained during said investigation. I agree, if employed, to comply with all lawful instructions of my supervisors and to abide by all present and subsequently issued rules and personnel policies of the Company. I further agree that (1) I will work faithfully and diligently, (2) be careful and avoid accidents, (3) come to work on time and (4) not be absent for any reason without three hours prior notice to my supervisor.

I understand and agree that my employment is for no definite period and may be terminated at any time without cause and without any previous notice. I understand and agree that upon termination of employment, the Company may answer truthfully all questions asked by any prospective employer concerning my ability, character, reputation and employment record and I release the Company, its agents and employees from any liability or damages on account of having furnished such information.

Signature of Applicant

"Under Maryland Law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

Signature of Applicant

Please check to see that you have answered all questions accurately. Be sure to sign on both lines above.

FOR COMPANY USE ONLY

FIRST INTERVIEW BY _____ DATE _____ DEPT. _____
SECOND INTERVIEW BY _____ DATE _____ DEPT. _____
DATE TO START WORK _____ POSITION _____ RATE \$ _____ PER _____
APPROVED BY _____ DATE _____

FIRST INTERVIEWER'S COMMENTS

SECOND INTERVIEWER'S COMMENTS

REFERENCE CHECK

POSITION NUMBER	RESULT OF REFERENCE CHECK	PERSON(S) SPOKEN TO
1		
2		
3		