



Application for Employment
The Lafayette Club

We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, creed, color, age sex, religion or national origin.

Personal Information

Name: _____
Last First Middle Maiden

E-mail Address: _____ Date: _____

Phone Number _____ Other Phone Number _____

Present Address: _____

Permanent Address: _____

Please list address history for past 7 years:

Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip

State name and department of any relative, other than spouse, already employed at Lafayette. _____

Referred by: _____

Employment Desired

Position _____ Date you can start: _____ Salary desired _____

Servers and Bartenders must be at least 18 years old.

Ever applied to Lafayette before? _____

Are you a relative of a Lafayette Club Member? Yes No

Education

High School: _____
Name Address City State Zip

Last year Completed 1 2 3 4 Did you graduate? _____ Date Graduated _____ Subjects Studied _____

College or Post Secondary: _____
Name Address City State Zip

Last year Completed 1 2 3 4 Did you graduate? _____ Date Graduated _____ Subjects Studied _____

Employment History

List below your last four employers starting with your most recent one

Date Month and Year	Employer Name and Address	Phone	Salary	Position	Reason for leaving
From _____ To _____					
From _____ To _____					
From _____ To _____					
From _____ To _____					

The following space is provided for you to describe why you feel you should work at Lafayette Club. Please also indicate any special experience or skills below.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. Further, I understand that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date _____

Date Hired: _____ For Dept: _____ Position _____

Will report to: _____ Salary/Wage _____

Approved 1. _____ 2. _____ 3. _____
Employment manager Department Head General Manager

PLEASE READ CAREFULLY AND SIGN

Background Investigation

I recognize that any misrepresentation or omission of fact on this application may result in my immediate dismissal. I authorize the companies, schools, entities and persons named above and all others for whom I have worked to release any information that they may have about me.

I understand that my employment is subject to background investigation. This investigation may cover employment, education, credit, Department of Motor Vehicles, criminal record checks, and finger printing. I understand that the information obtained from this investigation will be confidential, but acknowledge that such information will be disclosed to others on a need-know-basis as appropriate. I further understand that my authorization to allow this investigation will apply to and allow the Company to conduct the background checks and investigation prior to, in conjunction with or after I am hired. This means that the Company will be able to use my authorizations to conduct one or more background checks and/or investigations in order to ensure to and update periodically my personnel history.

Employment-At-Will:

Further, I understand that employment at the Company and any of its parent, affiliate or successor companies, is on an "employment-at-will" basis and thus agree that, if I am hired by the Company, my employment is for an indefinite period and may be terminated at any time, for any reason or for no reason, with or without cause, by me or the Company without prior notice. I further understand and agree that although other terms and conditions of my employment may change, this "employment-at-will" relationship will remain in effect throughout my employment with the Company and any of its parent, affiliated or successor companies, unless it is specifically modified by an express written contract that is signed by the Chief Executive Officer of the Company and me. This at-will employment relationship may not be modified by an oral or implied agreement by any person, statement, act, series of events or patterns on conduct. I hereby acknowledge that these statements about the at-will nature of employment at the Company constitute the complete understanding between the Company and me regarding this subject.

Controlled Substances (drugs, alcohol and other intoxicants):

I understand that as a condition of my consideration for employment and my continuing employment at the Company reserves the right in its sole discretion at any time to require my submission to one or more tests to identify the use of or exposure to any controlled substance. I further understand that failure or refusal to submit to any controlled substance test when and as instructed by the Company will result in discontinued consideration of my application or immediate termination of my employment. I also understand that the possession, use, sale, purchase and/or being under the influence of a controlled substance (ii) when required to perform my job duties, (ii) on any company property, (iii) at a company sponsored event or (iv) when in possession of a company owned, leased, or rented vehicle, will result in my immediate termination. By my signature below I consent to all such controlled substance tests and acknowledge that the Company is a Zero Tolerance Drug Free Workplace.

Other Employment Terms:

I understand that the Company reserves the right to manage, discipline, and terminate employees in the manner that management determines to be appropriate. As a condition of employment, I understand that I will be required to sign certain agreements including the Mutual Agreement to Arbitrate Claims and the Company Proprietary Information and Inventions Agreement as a condition of employment.

I understand that all offers of employment will be in writing, setting forth the terms and conditions of employment at the Company. No person is authorized to make an oral offer of employment on behalf of the Company. I understand that I should not take any action in reliance on any oral statements about future employment made by and Company representative during the interview process.

By submitting this Application, I understand and certify that the information is true and correct, whether I submit the Application via email, fax, hand-deliver, or other written or recorded means.



All Company facilities are non-smoking environments.

Smoking is prohibited within these facilities.

I certify that all information contained in this application is true and correct. In addition, I agree to all the terms outlined herein.

Signature

Date