

COLUMBIA SUSSEX MANAGEMENT, LLC.

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

DATE _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY# _____

PRESENT ADDRESS _____
Street City State Zip

How long have you lived at this address-----

PREVIOUS ADDRESS -----
Street City State

Zip How long did you live at this address? _____

PHONE NUMBER _____ referred by -----

Can you present proof of your right to work legally in the United States?

YES ___ NO

Do you have any friends or relatives who work for the Columbia Sussex Management, LLC. or related company?

YES ___ NO ___

If yes, please list them, _____

EMPLOYMENT DESIRED

POSITION _____ Date you can start _____

Are you employed now? _____ If so, may we contact your present employer? _____

Have you applied to or worked for the Columbia Sussex Management, LLC. before?

YES ___ NO ___ If "YES," when?-----

EDUCATION

	Name & Location of School Attended	How many years?	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Other				

Subjects of special study or research work _____

U.S. Military Service or Reserves (Dates, rank, discharge) _____

REFERENCES

Give below the names of 3 persons not related to you, whom you have known at least one year.

1. Name: _____ Business: _____

Phone number: _____

2. Name: _____ Business: _____

Phone number: _____

3. Name: _____ Business: _____

Phone number: _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Phone# _____

Address _____

Name _____ Phone# _____

Address _____

I certify that the information provided in this Application for Employment is true, correct and complete. I agree that, if I am employed, the Columbia Sussex Management, LLC. may terminate my employment for any false or misleading statements or omissions in this application, whenever they may be discovered.

I authorize a medical examination, including a drug screen, by an examiner selected by the Columbia Sussex Management, LLC.

I agree that, if hired, my employment is for no definite period and may be terminated at any time for any reason by either me or Columbia Sussex Management, LLC. I agree that this cannot be changed except in writing by the Company's President, and that any representations to the contrary are not binding on the Columbia Sussex Management, LLC..

Authorization For Release Of Information

I authorize the Columbia Sussex Management, LLC. to investigate my personal history and financial and credit record through any investigative or credit agency of its choice.

I authorize any reference, school, hospital, doctor, former employer or other person to disclose to Columbia Sussex Management, LLC. upon request any information they may have about me and I release them from all liability for disclosing such information to the Columbia Sussex Management, LLC. I understand that Columbia Sussex Management, LLC. may obtain or prepare an investigative consumer report in connection with my application for employment. I understand that I may make a written request for disclosure of the nature and scope of the investigation.

Date: _____ Signature _____