



**A.G. HOLDINGS, LLC**

**Employment Application**  
*An Equal Opportunity Employer*

Date: \_\_\_\_\_

**IDENTIFICATION: Please print.**

Name (First, Middle, Last):		Social Security Number:	
Street Address, City, State, ZIP (no PO Boxes):		Telephone:  (    )	
Position(s) Applied for:	Available for:  <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Shift Preferred:	
Location Desired:		<input type="checkbox"/> First Shift <input type="checkbox"/> Second Shift <input type="checkbox"/> Third Shift	
Expected Earnings:  \$ _____ per _____			
Date Available to Start:			

**EDUCATION:**

INSTITUTION NAME AND LOCATION	GRADUATED		DEGREE RECEIVED	MAJOR/MINOR FIELD	GRADE POINT AVERAGE
	YES	NO			
High School Name/Location:					
Technical School Name/Location:					
College Name/Location:					
College Name/Location:					

**SKILLS & QUALIFICATIONS:**

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position which you are applying: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

In case of emergency, please contact the following person		
Name _____	Relationship: _____	Phone # _____
Primary Physician _____	Phone # _____	
Hospital Preference Name of Hospital _____	City: _____	State: _____



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**EMPLOYMENT HISTORY:** List your employment history beginning with the most recent employment first.  
 Fill in ALL blanks of this section in addition to your resume.

Employer's Name:		List Major Duties Performed:
Employer's Address:		
Employer's Phone Number: ( )	Month/Year Employed: From: To:	
Starting Position:	Supervisor's Name:	
Last Position:	Supervisor's Name:	
Base Pay: \$ _____ per _____	Other Cash Compensation: ___ Bonus ___ Commission ___ Other	
May we contact employer? ___ Yes ___ No		Reason for Leaving:
Employer's Name:		List Major Duties Performed:
Employer's Address:		
Employer's Phone Number: ( )	Month/Year Employed: From: To:	
Starting Position:	Supervisor's Name:	
Last Position:	Supervisor's Name:	
Base Pay: \$ _____ per _____	Other Cash Compensation: ___ Bonus ___ Commission ___ Other	
May we contact employer? ___ Yes ___ No		Reason for Leaving:
Employer's Name:		List Major Duties Performed:
Employer's Address:		
Employer's Phone Number: ( )	Month/Year Employed: From: To:	
Starting Position:	Supervisor's Name:	
Last Position:	Supervisor's Name:	
Base Pay: \$ _____ per _____	Other Cash Compensation: ___ Bonus ___ Commission ___ Other	
May we contact employer? ___ Yes ___ No		Reason for Leaving:
Employer's Name:		List Major Duties Performed:
Employer's Address:		
Employer's Phone Number: ( )	Month/Year Employed: From: To:	
Starting Position:	Supervisor's Name:	
Last Position:	Supervisor's Name:	
Base Pay: \$ _____ per _____	Other Cash Compensation: ___ Bonus ___ Commission ___ Other	
May we contact employer? ___ Yes ___ No		Reason for Leaving:



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**GENERAL INFORMATION:**

Are you age 18 or older?.....  Yes  No

Can you provide documents of proof of your citizenship? .....  Yes  No  
If not a U.S. Citizen, can you provide proof that you are legally entitled to work in the U.S.?.....  Yes  No

Will you work overtime, if required? .....  Yes  No

Will you travel if the position requires? .....  Yes  No  
If yes, up to what percent of time: \_\_\_\_\_%

Will you relocate if the position requires? .....  Yes  No

Are any of your relatives employed by this company? .....  Yes  No  
If yes, name of relative \_\_\_\_\_

Have you ever been employed with Candlewood Hotel, Marriott, or A.G. Hospitality Services/Holdings before?.....  Yes  No  
If yes, when and where? \_\_\_\_\_  
Under what name? \_\_\_\_\_

Have you ever been convicted of any crime? .....  Yes  No  
If yes, please explain conviction. NOTE: A conviction will not necessarily bar you from employment as each conviction will be assessed with respect to time, circumstances and seriousness as they relate to your employment.

\_\_\_\_\_  
\_\_\_\_\_

How were you referred to this company?

Advertisement Name of Publication: \_\_\_\_\_

Internet/Website Name of Web Site: \_\_\_\_\_

Employee Referral Name of Employee: \_\_\_\_\_

Other Source: \_\_\_\_\_

**REFERENCES:** List individuals personally acquainted with your professional work experience. Do not list PERSONAL references.

NAME	TITLE	ORGANIZATION	TELEPHONE NUMBER
			( )
			( )
			( )



**CERTIFICATION: Read the following carefully.**

It is understood and agreed that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from A.G. Holdings, LLC's (the "Company") service if I have been employed.

I give A.G. Holdings, LLC the right to investigate all references and to secure additional job-related information about me. I release from liability A.G. Holdings, LLC and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

A.G. Holdings, LLC is an Equal Opportunity Employer. Our Company does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from A.G. Holdings, LLC and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Company, to the extent allowed by law, reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurances to the contrary.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the require time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

\_\_\_\_\_

Applicant Signature \_\_\_\_\_  
Date

**FOR OFFICE USE ONLY: Applicant—do not write below this line.**

<input type="checkbox"/> No position available	<input type="checkbox"/> Not qualified
<input type="checkbox"/> Considered – interviewed	<input type="checkbox"/> Offer extended and refused
Date _____ With whom _____	
<input type="checkbox"/> Hired	
Comments: _____	
_____	
_____	