



Fluffpop, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment, on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions. Fluffpop is a drug-free employer. All employees are subject to drug screening.

Please read each of the following instructions carefully and give complete and honest answers.
 Submitting an incomplete application may result in a delay to the application process.

____ / ____ / ____
 Date of Application

I. PERSONAL INFORMATION (Please Print or Type)

Last Name	First Name	Middle Initial
Present Street Address	City	State
		Zip Code
Permanent Street Address (if different than above)	City	State
		Zip Code
Primary Phone Number	Secondary Phone Number	Email Address
Emergency Contact Name	Relationship	Phone Number

Referral Source - How did you hear about this position? (If Employee Referral, please write Employee's full name)

II. EMPLOYMENT INFORMATION

Type of employment desired: Full-Time Part-Time
 Seasonal Temporary

Position(s) Applying For _____

\$ _____ Annually
 Salary Requirements Hourly
 Daily

_____ Hours available to work: ____ AM - ____ PM
 Date Available to Start

Have you ever applied for a position at Fluffpop? YES NO

Have you ever been employed by Fluffpop? YES NO

Only US citizens/aliens who are legally entitled to work in the United States are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the US? YES NO

If you are under 18 and it is required, can you furnish a work permit? If no, please explain: _____ YES NO

Do you have relatives employed by Fluffpop? YES NO
 If yes, please provide name(s) & relationship(s): _____

Have you ever been bonded?..... YES NO

Are you currently subject to a non-compete, non-solicitation, non-disclosure, employment agreement or other obligation with another employer that could affect your ability to perform the job for which you are applying? If so, please submit a copy with your application. YES NO

Answering "Yes" to the following question does not constitute an automatic disqualification for employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation, and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime, other than a minor traffic violation? YES NO

If YES, please provide date(s) and detail(s): _____

In your answers to the following questions regarding attendance requirements and overtime, you are not required to disclose the need for absences from scheduled work hours due to a disability or religious practices. However, you should disclose whether you are otherwise available for scheduled work hours.

If they have been explained to you, are you able to meet the attendance requirements of the position? YES NO

Will you work overtime, if required? YES NO

Are you available to travel, if required? YES NO

Can you work night shifts, if required? YES NO

Can you work weekends, if required? YES NO

Driver's license number (required if driving may be required in the job for which you are applying). State/Number/Expiration: _____

If a driver's license is required for the position for which you are applying, have you ever been convicted of a DWI or DUI or has your license ever been suspended or revoked? YES NO

-- If yes, please give dates & details: _____

Do you have any restrictions on your license? YES NO

-- If yes, please explain: _____

III. EMPLOYMENT HISTORY (Start with your most recent employer. Complete all portions- DO NOT WRITE "See Resume")

Employer		Telephone #		Dates Employed: Month / Year to Month / Year / to /		
Street Address		City	State	Zip	Compensation (Starting) <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary per _____	Commission/ Bonus / Other Compensation \$ _____
Job Title(s)	Supervisor's Name, Title, & Phone #		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Compensation (Final) <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary per _____	Commission/ Bonus / Other Compensation \$ _____
Job Duties:			Why did you leave?			
What did you like most about the position?			What did you like least about the position?			

Employer		Telephone #		Dates Employed: Month / Year to Month / Year / to /		
Street Address		City	State	Zip	Compensation (Starting) <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary per _____	Commission/ Bonus / Other Compensation \$ _____
Job Title(s)	Supervisor's Name, Title, & Phone #		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Compensation (Final) <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary per _____	Commission/ Bonus / Other Compensation \$ _____
Job Duties:			Why did you leave?			
What did you like most about the position?			What did you like least about the position?			

Employer		Telephone #		Dates Employed: Month / Year to Month / Year / to /		
Street Address		City	State	Zip	Compensation (Starting) <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary per _____	Commission/ Bonus / Other Compensation \$ _____
Job Title(s)	Supervisor's Name, Title, & Phone #		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Compensation (Final) <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary per _____	Commission/ Bonus / Other Compensation \$ _____
Job Duties:			Why did you leave?			
What did you like most about the position?			What did you like least about the position?			

Employer		Telephone #		Dates Employed: Month / Year to Month / Year / to /		
Street Address		City	State	Zip	Compensation (Starting) <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary per _____	Commission/ Bonus / Other Compensation \$ _____
Job Title(s)	Supervisor's Name, Title, & Phone #		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Compensation (Final) <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary per _____	Commission/ Bonus / Other Compensation \$ _____
Job Duties:			Why did you leave?			
What did you like most about the position?			What did you like least about the position?			

IV. EMPLOYMENT HISTORY (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, disability, or religious practices.

If not addressed on previous page, have you ever been terminated or asked to resign from a job?..... YES NO

If YES, please explain

V. SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, foreign languages, and/or certificates that may assist you in performing the position for which you are applying.

Technology Skills (Check appropriate boxes. Include years of experience and software/technology titles.)

<u>Technology Types</u>	<u>Years of Experience</u>	<u>Software / Technology Titles</u>
<input type="checkbox"/> Hotel Operating / PMS Software	_____ years	_____
<input type="checkbox"/> Word Processing (Microsoft Word or similar)	_____ years	_____
<input type="checkbox"/> Spreadsheet (Microsoft Excel or similar)	_____ years	_____
<input type="checkbox"/> Presentation (Microsoft PowerPoint or similar)	_____ years	_____
<input type="checkbox"/> E-mail (Microsoft Outlook or similar)	_____ years	_____
<input type="checkbox"/> Internet (Internet Explorer or similar)	_____ years	_____
<input type="checkbox"/> Handheld/PDA (Blackberry/Smartphone or similar)	_____ years	_____
<input type="checkbox"/> Other	_____ years	_____

VI. EDUCATIONAL BACKGROUND (Start with your most recent school attended, provide the following information)

School (Include city/state)		Years Completed	GPA / Rank	Degree/Diploma	Major/Minor
School				<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
City/State				<input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
School				<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
City/State				<input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
School				<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
City/State				<input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
School				<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
City/State				<input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

VII. PROFESSIONAL REFERENCES (List 4 work/business references)

Name	Title	Relationship	Telephone Number	Number of Years Known

VIII. RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental and/or physical disabilities, veteran/reserve national guard, or other similarly protected status.

Organization	Offices Held	Years

Is there any other job-related information that you want us to know about you?

IX. APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Fluffpop, Inc. is true, complete, and accurate. I realize that falsification of this employment application, falsification of other documents provided by me, and/or the giving of incomplete information in this application may result in the withdrawal of any employment offer and/or the immediate termination of my employment now, or in the future.

I expressly authorize, without reservation, Fluffpop, Inc., its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, résumé, or job interview. I hereby waive any and all rights and claims I may have regarding Fluffpop, Inc., its agents, employees, and representatives, for seeking, gathering, and using truthful information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that Fluffpop, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Fluffpop, Inc. and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Fluffpop, Inc. reserves the same right to terminate my employment at any time, with or without cause, and with or without prior notice, except as may be required by law or other contractual obligations. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of Fluffpop, Inc. is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Fluffpop' President.

I also understand that any offer of employment is conditioned on my ability to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME THAT IS FOUND TO BE FALSE, INCOMPLETE, OR MISREPRESENTED IN ANY RESPECT, WILL BE SUFFICIENT CAUSE TO (i) ELIMINATE ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND/OR (ii) MAY RESULT IN MY IMMEDIATE DISCHARGE FROM Fluffpop' SERVICE, WHENEVER IT IS DISCOVERED.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I read, fully understand, and accept all terms and conditions of the foregoing Applicant Statement.

Signature of Applicant

Date