



## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other legally protected status.

(PLEASE PRINT)

Name (Last, First, Middle Initial)

Address

Number

Street

City

State

Zip Code

Telephone (Please list daytime and evening numbers): \_\_\_\_\_ (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell)

Email address: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

**Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job for which you have applied?**

**(DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING)**  Yes  No

**If no, please explain.** (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin employment? \_\_\_\_\_

Are you legally eligible to be employed in the United States?  Yes  No

(Proof of identity and eligibility will be required upon employment)

Are you at least 18 years of age?  Yes  No (If no, you may be required to provide authorization to work)

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Have you ever worked for True North Hotel Group before?  Yes  No If yes, when? \_\_\_\_\_

Property: \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for True North?  Yes  No If yes, please state his/her name and property:

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Are you available to work  DAYS  NIGHTS  WEEKENDS  FULL TIME  PART-TIME  OVERTIME

**AVAILABILITY:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed?  Yes  No

May we contact your present employer?  Yes  No

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying?  Yes  No

If yes, please list organization(s) and office(s) held: *(Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status, disabilities or other protected classes)*

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**EDUCATION:**

	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE RECEIVED
HIGH SCHOOL				
COLLEGE				
VOCATIONAL OR TRADE SCHOOL				
GRADUATE WORK				

**Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying?**

Yes  No If yes, please describe:

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**EMPLOYMENT** (Start with your most recent position)

Name of Employer:	Telephone:
Address: (Street, City, State and Zip Code:	
Employment began:	Employment ended:
Beginning Rate of Pay	Final Rate of Pay
Reason for Leaving:	
Describe Work Performed	

Name of Employer:	Telephone:
Address: (Street, City, State and Zip Code:	
Employment began:	Employment ended:
Beginning Rate of Pay	Final Rate of Pay
Reason for Leaving:	
Describe Work Performed	

Name of Employer:	Telephone:
Address: (Street, City, State and Zip Code:	
Employment began:	Employment ended:
Beginning Rate of Pay	Final Rate of Pay
Reason for Leaving:	
Describe Work Performed	

Name of Employer:	Telephone:
Address: (Street, City, State and Zip Code:	
Employment began:	Employment ended:
Beginning Rate of Pay	Final Rate of Pay
Reason for Leaving:	
Describe Work Performed	

Please include an explanation of any gaps in employment:
_____
_____
_____

**PERSONAL REFERENCES** (Do not include family members or past supervisors if previously stated)

Name and Address	Contact Information (Telephone and/or Email)	Occupation	Years Known
1.			
2.			
3.			

**Applicant's Statement**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I agree and understand that the Company may investigate my background and employment history to ascertain any and all information pertaining to my records, whether same is of record or not. I authorize the release of such information from previous employers and persons named herein and I release the Company and such entities or persons from all liability for any and all damages resulting from the obtaining, furnishing and release of such information.

Once a conditional offer of employment has been made, I agree to furnish any additional medical information and/or submit to a physical examination, as may be necessary in relation to the essential functions of the job for which I am applying, and any other job-related, pre-employment processing as may be required.

The Company has the right to search desks, lockers, handbags, briefcases or automobiles brought onto the Company's premises. Benefits, rules and policies Of the Company may be changed, modified, eliminated or added at any time at the Company's sole discretion and without prior notice.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documents or conduct, unless an authorized executive of this organization specifically acknowledges such change in writing. Further, I understand that nothing in this application process, written or otherwise, creates an implied or express contract of employment.

My signature certifies that I, the undersigned, completed this application and that all entries and information submitted are true and correct to the best of my knowledge. I understand that any misrepresentations, omissions, or false statements by me in this application, in any supplement thereto, or in any other corporate records, will be sufficient grounds for not employing me and/or may result in termination without notice at any time during my employment. I further acknowledge that I have read the entire contents of this Application for Employment and fully understand and agree to the same. I also understand that if I am hired, I will be required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Potential New Associate Work Opportunity Tax Credit Instructions

1. Open the following link: [https://adp.ehxforms.com/EHX/true\\_north/employeelogin.asp](https://adp.ehxforms.com/EHX/true_north/employeelogin.asp)
2. If you want to proceed in Spanish click on the “Español” language option on the bottom of the first page; otherwise, select “**First Time User**” which will take you to the Self-Registration site.

**Candidate/Employee Login**

User ID:

Password:

[Forgot your password?](#)

**First Time User? Click here to register.**

Login

**Welcome to the Candidate/Employee WOTC Portal!**

The Candidate/Employee WOTC Portal will allow you to electronically review and complete the new hire Work Opportunity Tax Credit (WOTC) Interview.

\* Please complete ALL required steps prior to leaving the site.

\* If you need assistance, please contact ADP at 877-465-0313 or at [MID.MARKET.WOTC@ADP.COM](mailto:MID.MARKET.WOTC@ADP.COM).

English | Español

Privacy Policy

Powered by ADP

3. On the Self-Registration page: **(1) select the correct location from the drop down menu. (2) Enter your name and create your User ID, Password, and a 4-digit PIN. You may want to write down your user ID and password since you will need it again during this questionnaire. Select “Continue.”**

My user ID: \_\_\_\_\_  
My password: \_\_\_\_\_  
My 4-digit pin: \_\_\_\_\_

4. Once the login page is back up, use the User ID and Password you just created to **login to the Employee Portal**.
5. Complete the information required (**Social Security number, date of birth**) – and then select “**Continue.**”
6. Complete the information required – **phone number, address** – and then select “**Continue.**”
7. Answer the Yes/No questions the best you can. If you’re unsure, ask a hotel associate for help or click the “Continue Questions Later” button to end the session and get more assistance later. You can log back into the website later using your ID and password you created above to complete answering the questions. If you complete the questions select “**Continue.**”

Here is a sample of the questions that you will be asked.

**All questions should be answered relative to your employment start date, not today's date.**  
Answer as honestly as possible; this will not hurt but could assist with your employment!

**On your start date, ...**

...are you a member of a family that has ever received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps)? \*

Yes  
 No

...are you a member of a family that has ever received Temporary Assistance for Needy Families (TANF) assistance? \*

Yes  
 No

...within the past year, have you been released from prison on a felony conviction or convicted of a felony? \*

Yes  
 No

If you answered no to all of the questions you will continue to a final page that shows you that you are not eligible for any tax credits for your potential employer. You can log out with the button in the upper right hand corner.

**Welcome to your Candidate/Employee WOTC Portal!**

Your Candidate/Employee WOTC Portal allows you to complete and review the WOTC interview and forms. The My Next Step column directs you to the next step in the process. These are the actions required by you to complete the WOTC process:

1. Select Finish Interview to complete the WOTC Interview.
2. Once the Interview is complete the action under the My Next Step column will change to esign. Select the esign button to sign your paperwork.
3. My Next Step column reads No Action Required, you have completed all steps in the WOTC interview process. Contact your Manager for any next steps they may require.
4. Select the Logout tab above to close out your session.

**What's My Next Step?**  
When the My Next Step column reads No action required, you have completed all steps for the request. Not all options may be applicable.

- Select to complete the interview.
- Select to sign the forms for the request.
- Select to include required supporting documents.
- Select to print, sign, and fax.

**Contact your Location**  
Name: Corporate Office  
Phone: 913-345-6400  
Email: lrhodes@truenorthhotels.com

My Next Step	Employee Requests Description	Status Date	Status	Other Actions
No action required	WOTC	11/14/2017 10:35:14 AM	Not Eligible	

The screen will return to the opening portal page and you can exit the website. You are done.

8. If you answered yes to any of the questions, please continue to answer the additional questions the best you can. Select "Continue."

You will continue to a page which contains a list of documents that you should checkmark if you could provide any such documents either at the time you complete the questionnaire or at a later time if requested. After checking the boxes for documents you could provide click the **"Continue Questions"** button.

9. Select **"Continue"** until you are taken to the **eSign Request Forms: WOTC page**. This page will allow you to view the Tax Credit forms with the information you gave in the interview. Ignore the paragraph that asks you to email, fax or mail any documentation – it is not necessary.
10. If all information is correct, enter your **4-digit PIN** and select **"Approve."** (If anything is incorrect, select **"Cancel"**). You will be taken back to the Employee Portal page. Select **"Finish Interview"** to go back and change any incorrect information.

**eSign Request Forms: WOTC**

Enter your PIN in the form below to approve the submission of your application information. By entering your PIN you acknowledge and approve it to be your legal signature. Note that by entering your PIN, you are also affirming that you have provided (to the best of your knowledge) true and correct information, you further acknowledge and approve the submission of this information for the use designated.

PIN:

**Work Opportunity Tax Credit**  
Additional Documentation

Name: Jane Doe

It was determined that you are eligible for WOTC and are within a target group. Additional information is requested to be submitted with the application forms. Below are items you selected in the interview to support your answers.

**Group A. Proof of identity and age – required.** One of the following – youth requires proof of birth date (do not fill out making the application for this information, you can submit the proof of identity/age separately).

- Driver's License
- State Issued ID
- School ID (must also request on ID)
- Birth Certificate
- Social Security Card



11. After you approve the Tax Credit forms, you will be taken back to the **Employee Portal**. Under **“My Next Step,”** your status should be **“No Action Required.”**

**Welcome to your Candidate/Employee WOTC Portal!**

Hello Jane! My Profile Help Logout

**What's My Next Step?**  
When the My Next Step column reads No action required, you have completed all steps for the request. Not all options may be applicable.

- Select to complete the interview.
- Select to sign the forms for the request.
- Select to include required supporting documents.
- Select to print, sign, and fax.

**Contact your Location**  
Name: Corporate Office  
Phone: 913-345-6400  
Email: lrhodes@truenorthhotels.com

1. Select Finish Interview to complete the WOTC Interview.

2. Once the Interview is complete the action under the My Next Step column will change to esign. Select the esign button to sign your paperwork.

3. My Next Step column reads No Action Required, you have completed all steps in the WOTC interview process. Contact your Manager for any next steps they may require.

4. Select the Logout tab above to close out your session.

My Next Step	Employee Requests Description	Status Date	Status	Other Actions
No action required	WOTC	11/9/2017 1:58:00 PM	Pending Manager Approval	

12. Select **“Logout”** in the top right-hand corner of the page. You are done!