



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. **It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.**

(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:

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

AVAILABILITY: (If employed, I will notify my supervisor in writing should my availability change)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To							

Are you presently employed? Yes No May we contact your present employer? Yes No

If presently employed, why are you considering leaving?

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)

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:

EMPLOYMENT (Start with your most recent position)

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

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Address: (Street, City, State and Zip Code:	
Employment began:	Employment ended:
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Name of Employer:	Telephone:
Address: (Street, City, State and Zip Code:	
Employment began:	Employment ended:
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. 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

Signature of Interviewer

Date

Potential New Associate Work Opportunity Tax Credit Instructions

1. Open the following link: 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.

English | **Español**

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 (youth are required 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!