



Application for Employment

Location: _____

Name _____
Last First Middle Other Names Under Which You Have Worked

Address _____
Number and Street City State Zip Code

Telephone Number (_____) _____ Referred By: _____

Emergency Contact _____ Telephone Number (_____) _____

Position Desired: 1. _____ 2. _____ Date Available For Work: _____

_____ Full Time _____ Part Time _____ Temporary: From _____ To _____

Check days and hours you can work:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday

_____ 6 a.m. to 3 p.m. _____ 2 p.m. to 11 p.m. _____ 6 p.m. to 3 a.m.

_____ 7 a.m. to 4 p.m. _____ 3 p.m. to 12 a.m. _____ 11 p.m. to 8 a.m.

Are you available to work overtime?

_____ 8 a.m. to 5 p.m. _____ 5 p.m. to 2 a.m. _____ 12 a.m. to 9 a.m. Yes No

Do you wish to advise us of your salary expectations? From \$ _____ To \$ _____

Are you legally entitled to work in the U.S. for any employer and could you provide proof upon offer of employment? Yes No

Some positions involve the handling and/or service of alcoholic beverages; therefore, could you provide proof of age if asked to do so? Yes No

If hired for a position requiring the operation of hotel or guest vehicles, could you provide:

a. a valid [STATE, "Class _____"] driver's license? Yes No

b. [STATE] driving record? Yes No

Have you ever been convicted of a crime, other than a minor traffic violation? Yes No

If yes, please provide information regarding the nature of the offense (Note: a conviction will not necessarily bar you from employment.):

Please list any additional skills or training that you have received that is directly related to the position you are applying.

EDUCATION	Name of School City and State	Diploma / Degree	Major / Course Concentration
High School		Diploma? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> GED	
College		Degree? <input type="radio"/> Yes Type _____ <input type="radio"/> No Last Year Completed _____	
Other		Degree? <input type="radio"/> Yes Type _____ <input type="radio"/> No Last Year Completed _____	

EMPLOYMENT RECORD – Please start with most recent employer; include military service. If you are currently employed, may we contact your present employer? Yes No

Name of Employer: _____	Telephone () _____
Address: _____	
Name of Immediate Supervisor: _____	Title: _____
Your Title and Duties: _____	
Reason for Leaving: _____	Salary/Wage: _____
	Employed From: _____ To: _____
	Date Date

Name of Employer: _____	Telephone () _____
Address: _____	
Name of Immediate Supervisor: _____	Title: _____
Your Title and Duties: _____	
Reason for Leaving: _____	Salary/Wage: _____
	Employed From: _____ To: _____
	Date Date

Name of Employer: _____	Telephone () _____
Address: _____	
Name of Immediate Supervisor: _____	Title: _____
Your Title and Duties: _____	
Reason for Leaving: _____	Salary/Wage: _____
	Employed From: _____ To: _____
	Date Date

Name of Employer: _____	Telephone () _____
Address: _____	
Name of Immediate Supervisor: _____	Title: _____
Your Title and Duties: _____	
Reason for Leaving: _____	Salary/Wage: _____
	Employed From: _____ To: _____
	Date Date

If you smoke, please be advised that you will be able to smoke only in a designated area during authorized periods.
Can you comply with this policy? Yes No

Have you ever worked for Lodgian, Inc. or any Lodgian Hotel? Yes No
If yes, indicate years worked and location _____

Applicants may be required to undergo a drug screening as a condition of employment. A positive test result will make applicant ineligible for employment. Successfully passing a drug test does not guarantee employment or job availability.

Important: Read Carefully I certify that the information given by me to Lodgian, Inc. (Lodgian) is true and complete to the best of my knowledge. I understand that, if I am employed, the discovery that I gave false or misleading information or that I omitted any material information may result in my immediate dismissal. I authorize Lodgian, to solicit information regarding my character, general reputation, credit and financial history, previous employment and similar background information from third parties, and to contact any and all references I have on my application. I hereby release all parties and persons connected with such request for information from all liability and damages arising out of the furnishing of such information. If employed, I release Lodgian from any liability for future references it may provide regarding my work history at the company. ***In consideration of my employment, I agree to conform to the rules and regulations of Lodgian. I understand that my employment (and the terms and benefits provided or paid to me) is not intended to, and does not, constitute a contractual relationship. I also understand that, as a matter of Lodgian's policy, every aspect of my employment relationship with Lodgian is on an at-will basis, meaning that I or Lodgian may terminate my employment at any time, for any reason, with or without cause. As part of this at-will policy, I understand that Lodgian expressly reserves its inherent authority to manage and control the business enterprise and to exercise its sole discretion to determine all issues pertaining to my employment, including all matters pertaining to promotion, job assignment, the size of the workforce, demotion, transfer and discipline. I further understand that no supervisor or manager of Lodgian has any authority to enter into any agreement for employment, written or verbal, or to make any agreement contrary to the foregoing, except in a writing by the Vice President, Human Resources or the General Manager of the Hotel and me.***

Date: _____ Signature: _____

Invitation to Self - Identify Form

The Company believes all persons are entitled to equal opportunities. To assess our efforts and to comply with State and Federal regulations, we must monitor our applicant pools. We would appreciate your assistance by completing this form. Your response is voluntary and the information provided will be used solely for affirmative action purposes.

To be completed by the Applicant and returned to Human Resources:

<p><u>SEX/GENDER:</u></p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><u>Racial/Ethnic Heritage :</u></p> <p><input type="checkbox"/> American Indian or Alaskan native- A person having origins in any of the original peoples of North America and South America (including Central America), who maintains tribal affiliation of community attachment.</p> <p><input type="checkbox"/> Asian- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example Cambodia, China India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam.</p> <p><input type="checkbox"/> Black or African American- A person having origins in any of the Black Racial groups of Africa.</p> <p><input type="checkbox"/> Hispanic or Latino (all races)- A person of Mexican, Puerto Rican, Cuban, Central pr South American or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander- A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific islands.</p> <p><input type="checkbox"/> Two or More Races (Not Hispanic or Latino)- Being of two government recognized races that are not Hispanic or Latino.</p> <p><input type="checkbox"/> White- A person having origins in any of the original Peoples of Europe, North Africa or the Middle East.</p> <p><u>DISABILITY/ HANDICAP:</u></p> <p>Are you a Handicapped Individual? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The Rehabilitation Act of 1973, as amended, defines a "handicapped individual" for the purposes of the program as any person who (a) has a physical or mental impairment which substantially limits one or more of such person's major life activities;(b) has a record of such impairments; or (c) is regarded as having such impairment.</p> <p><input type="checkbox"/></p>	<p><u>Vietnam Veterans Status:</u></p> <p>Are you a Vietnam Era Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>For federal reporting purposes, a Vietnam Era Veteran is defined as a veteran, any part of whose active military, naval, or air service was during the period of August 5, 1964 through May 7, 1975 who (a) served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge or (b) was discharged or released from active duty because of a service-connected disability.</p> <p><u>SPECIAL DISABLED VETERANS STATUS:</u></p> <p>Are you a Special Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For federal reporting purposes, a Special Disabled Veteran is defined as a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or rated at 10 to 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious employment handicap or a person who was discharged or released from active duty because of a service-connected disability.</p> <p><u>Newly Separated Veterans:</u></p> <p>Are you a Newly Separated Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any Veteran who served on active duty in the U.S Military, ground, navel or air service during the one-year period beginning n the date of such veteran's discharge or release from active duty.</p> <p><u>Other protected Veterans:</u></p> <p>Are you an Other Protected Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Veterans who served on active duty in the U.S. Military, ground, navel or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.</p>
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APPLICANT (please print) _____ Date _____

To be completed by Human Resources:	
Department Name: _____	Position Title: _____
Referral Source: _____	



LODGIAN

Acknowledgement and Consent of Alcohol and Drug Testing

I, _____, understand that I must take and pass a drug test
Print Name

if I want to be employed by Lodgian, Inc., or any of its properties. All offers of employment are conditional based upon the successful passing of a drug test. I further understand that successfully passing a drug test is not a guarantee of employment, or, if a conditional offer has already been made, not a guarantee of continued employment.

I know I may refuse to take the test if I wish, but that my refusal will mean I will not be hired, or that my employment will be immediately terminated. Such refusal may also be considered by the Company if I later re-apply for employment. I acknowledge and agree that if I choose to be tested:

- I have been provided with and read Lodgian’s Drug & Alcohol Abuse policy;
- I will have to provide a specimen at a collection site chosen by the Company and cooperate in the site’s normal collection procedures;
- My specimen will be sent to an authorized laboratory chosen by the Company and tested for the substances identified in the Drug & Alcohol Abuse policy;
- If I fail the drug test, I will not be hired by the Company, or my conditional offer of employment will be revoked.

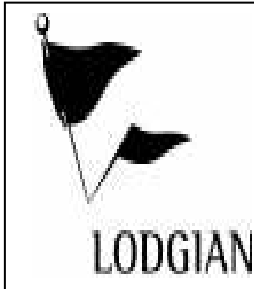
After considering my options, I have freely, knowingly and voluntarily decided to:

_____ REFUSE TO BE TESTED

_____ CONSENT TO AND AUTHORIZE
TESTING THE DISCLOSURE OF MY TEST RESULTS
TO THE COMPANY, AND RELEASE THE COMPANY,
ITS MRO, COLLECTION SITE AND LABORATORY,
AND THEIR AGENTS FROM ANY LIABILITY THEY
MIGHT OTHERWISE HAVE FOR THE ACTIONS I AM
AUTHORIZING

Applicant Signature

Date



Alcohol and Substance Abuse Policy

Effective Date: March 1, 2007

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Lodgian, Inc. ("the Company") is committed to associate safety, productivity, reliability and efficiency in its operations by providing a workplace free from substance and/or alcohol abuse. The Company will not tolerate the unauthorized use, abuse, possession, or sale of controlled and illegal substances by its associates.

The intent of this policy is to help those who need it while sending a clear message that substance and/or alcohol abuse is unacceptable at the Company. Non-compliance with this policy or violation of the regulations and procedures contained herein, can result in employment denial or severe disciplinary action up to and including termination of employment. This policy applies to applicants and associates of the Company, whether full-time, part-time or on call/temporary. A copy of this policy will be available to all applicants and associates.

This policy may also serve as the basis for the Company's participation in various Drug-Free Workplace programs where such programs exist. Additional drug testing requirements and procedures, if any, will vary as required by state law or specific Drug-Free Workplace programs.

Policy Application

Company locations include offices, parking lots, all work locations, jobsites, desks, lockers, restrooms, break areas, and any motor vehicle engaged in business on behalf of the Company. This includes, but is not limited to, Company seminars, off-site meetings, hotels, rental cars, etc. as well as any other location or meeting place where Company business is being conducted.

At some Company locations, alcoholic beverages are stored, served and sold. It is not the intent of this policy to limit or eliminate this aspect of the Company's business. Purchasing, handling, preparing, serving and/or selling the Company's alcoholic beverages while associates are performing their assigned job duties is specifically permitted under this policy.

Associates are permitted to possess and/or consume alcoholic beverages on Company premises in the following limited circumstances:

1. When alcoholic beverages are allowed by management at a Company-sponsored event, associates are expected to use good judgment and avoid alcohol impairment. If an associate is believed to have violated this policy, he or she shall be subject to testing and/or disciplinary action in accordance with this policy in the event of such occurrence.
2. When associates staying at a Company property for business purposes are off duty, they should not be impaired in public or work areas or in any way disturb hotel guests, vendors and/or associates. Additionally, no illegal substances should be in their possession or in their room. If an associate is believed to have violated this policy, he or she shall be subject to testing and/or disciplinary action in accordance with this policy in the event of such occurrence.
3. When associates stay at a Company property for non-business purposes, they will be treated in the same manner as regular hotel guests receiving the same services and courtesies. Inappropriate conduct or behavior by the associate will be considered misconduct in connection with an associate's employment and it could result in disciplinary actions, up to and including termination.

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Prohibited Conduct

It is the purpose of this policy to ensure applicants and associates are aware of the following prohibited conduct:

1. The sale, manufacture, distribution, purchase, use or possession of intoxicants, non-prescribed narcotics, hallucinogenic drugs, marijuana or other non-prescribed controlled substances or drug paraphernalia on Company property, during work hours or while conducting Company business outside the workplace.
2. Reporting to work or working while under the influence of intoxicants, non-prescribed narcotics, hallucinogenic drugs, marijuana or other non-prescribed controlled substances on Company property, during work hours or while conducting Company business outside the workplace. "Under the influence" of alcohol is established in accordance with applicable Department of Transportation rules or applicable state law or .04 grams of alcohol per 210 liters of breath, whichever is greater.
3. Working or reporting to work, entering Company property or conducting Company business outside the workplace under the influence of alcohol. The only exceptions are discussed in the Policy Application section of this policy.
4. Driving Company-owned/leased vehicles when the associate's job performance is affected by drugs and/or alcohol. Associates will be subject to disciplinary action up to and including termination if management has reasonable suspicion to believe the associate is under the influence and/or the associate is convicted for driving under the influence of alcohol or drugs while driving a Company-owned/leased vehicle.
5. Switching, or alteration of, any sample submitted for drug or alcohol testing.
6. Off-duty use of alcohol that adversely affects an individual's work performance, his or her own or others' safety at work, or the Company's regard or reputation in the community, except where prohibited by applicable law.
7. Off-duty use of intoxicants, non-prescribed narcotics, hallucinogenic drugs, marijuana or other non-prescribed controlled substances, except where prohibited by applicable law.
8. Failing to report to their supervisor any convictions under a criminal drug and/or alcohol statute for violations occurring on or off Company premises within five (5) working days after the conviction.
9. Refusing to consent to or submit to a drug and/or alcohol test, including urine test, blood test or breath test, when required under this policy, except where such test is prohibited under applicable law.
10. Refusing to release or consent to the release of positive drug and/or alcohol test results to the Company, except where such release is prohibited by applicable law.
11. Refusing to consent to a search and/or inspection of any person, personal effects, vehicle or other belongings while on Company property or in a Company owned or leased vehicle.

Substance Abuse Testing

The Company emphasizes its right to take the necessary steps to ensure that this policy is being followed. For purposes of ensuring compliance with the Company's Alcohol and Substance

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Abuse Policy, both applicants and associates will be subject to the following substance abuse testing:

- Pre-Employment Testing. Applicants who receive an offer of employment will be required to voluntarily submit to a drug and/or alcohol test as a condition of employment. Applicants will be notified when and where to report for the testing. Failure to report for the testing will be considered a voluntary withdrawal of the application for employment. Successful passing of the testing is not a guarantee of employment or job availability. If a test result is a verified positive result, the applicant will not be considered for employment and may not re-apply for a period of at least three months, subject to state law. If the applicant is already on the jobsite, employment will be immediately terminated.
- Post-Employment Testing. Associates will be subject to testing for substance abuse and/or alcohol impairment unless prohibited under applicable law. Associates will be notified when and where to report for the testing. Failure to report for the testing will be considered a voluntary employment resignation. Successful passing of the testing is not a guarantee of continued employment or job availability.
- Reasonable Suspicion Testing. An associate will be required to voluntarily submit to testing for the presence of drugs and alcohol when there is reasonable suspicion to believe that the associate is using or has used drugs or alcohol in violation of this Policy. Reasonable Belief testing may occur in the following circumstances and in other circumstances where the Company believes such testing is warranted:
 - a) Direct observation of substance or alcohol use or the physical symptoms or manifestations of being under the influence of substances or alcohol, including, but not limited to, the detection of the odor of alcohol on an associate, observable phenomena while working such as slurred speech, impaired coordination, and/or disorderly appearance.
 - b) Abnormal conduct or erratic behavior while working, a deterioration in work performance, and/or repeated failure to follow instructions or operating procedures.
 - c) Disregard for personal safety or the safety of others and/or information that an associate has received, caused or contributed to an on-the-job injury.
 - d) Unexplained and/or frequent absenteeism; personality changes and/or disorientation.
 - e) Discovery of the presence of questionable or suspicious substances in an associate's possession or near the associate's workplace. A report of substance and/or alcohol use provided by a source deemed credible by the Company.
 - f) Information that an associate has sold, solicited, possessed, manufactured, dispensed, distributed, or used controlled substances on or off the job, or information that an associate has used or has been under the influence of alcohol on the job. Conviction of a criminal drug or alcohol statute including DUI/DWI.
 - g) Any other reason to believe that an associate has violated the provisions of this Policy.

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- Post-Accident Testing. Any associate involved in an accident that results in injury to any person or damage to any property¹ can be asked to take a drug and/or alcohol test immediately following the accident or as soon as practicable. Associates failing to report workplace accidents or injuries can be subject to disciplinary actions.

An associate who is required to submit to post-accident/incident testing will be suspended without pay until the results of the drug and/or alcohol test are received by the Company. In the case of a negative result, the associate may be eligible to return to work and be paid for the hours of work missed as a result of the testing. In the case of a positive result, the associate will be subject to disciplinary action, up to and including termination of employment.

Substances Tested

Employees may be tested for the following substances: Marijuana/hashish, cocaine, crack cocaine, LSD, opiates, amphetamines, methadone, phencyclidines (PCP), cannabinoids, barbiturates and alcohol.

Applicants and associates are hereby notified that some common medications or over-the-counter drugs may result in a positive test. These include, but are not limited to:

Alcohol Analysis. Drugs that may affect: All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil, Comtrex; and Listerine.

Amphetamines Analysis. Drugs that may affect: Obetrol, Biphedamine, Desoxyn, Dexedrine, Didrex.

Cannabinoids Analysis. Drugs that may affect: Marinol (Dronabinol, THC)

Cocaine Analysis. Drugs that may affect: Cocaine HCl topical solution (Roxanne)

Phencyclidine Analysis. Drugs that may affect: Not legal by prescription

Opiates Analysis. Drugs that may affect: Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, etc.

Barbiturates Analysis. Drugs that may affect: Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Florinal, Floricet, Esgic, Butisol, Mebaral, Butabital, Butabarbital, Phrenilin, Triam, etc.

Benzodiazepines Analysis. Drugs that may affect: Ativan, Axene, Clonopin, Dalmane, Diazepam, Librium, Serax, Tranzene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax, etc.

Methadone Analysis. Drugs that may affect: Dolophine, Methadose

Propoxyphene Analysis. Drugs that may affect: Darvocet, Darvon N, Doline, etc.

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If applicants or associates believe they have ingested any of these substances and are subject to a test as provided in this Policy, they should report this on the testing paperwork and to the testing personnel.

Prescription Medications

¹ Property loss must be at least \$1,000 in Iowa.

Associates should not be on duty (regular duty and/or taking after hours calls) while taking drugs prescribed by a licensed physician or pharmacist if such drugs impair the associate's ability to safely perform his/her job duties. It is the associate's responsibility to make such determination and to notify his or her supervisor of the situation.

Collection and Testing Procedures

The following procedures have been established with the objective of maintaining applicant and associate privacy and dignity consistent with applicable laws and ensuring test reliability and validity:

Confidentiality. Testing samples and testing results shall be treated as confidentially as possible, consistent with applicable law and subject to the Company's need to obtain reliable tests results, access test results and enforce this policy.

Test Procedures. All collections and testing shall be performed at an authorized collection and drug testing facility. A urine specimen shall generally be used for all testing; the Company reserves the right, however, to test breath, blood, hair or other bodily substance as circumstances require and applicable law permits. Specimens that produce a positive result on initial testing are subject to confirmatory testing. Specimens confirmed to be positive must be reported as positive for a specific drug. Confirmatory testing shall be conducted via gas chromatography with mass spectrometry, or as is otherwise required or permitted by applicable law.

Donor Privacy: Subject to applicable law, and unless there is reason to believe that the specimen may be altered or substituted, an associate will be allowed privacy to provide a saliva, urine, blood or breath sample in the privacy of a stall or secured partitioned area that permits individual privacy. If there is a reason to believe that a sample has been altered or substituted, the collection of the urine, blood or breath sample will be observed.

Reporting Of and Access To Test Results

Access To Test Records. Upon written request, tested applicants and associates must be given access to non-privileged test results or records and to any records containing the results of relevant certification, review or revocation-of-certification proceedings.

Reporting Requirement. Testing laboratories may report the results of a drug and/or alcohol test in writing to the Company, applicant or associate and/or to the Company's Medical Review Officer after completing the test. If required by the testing laboratory, the applicant and/or associate must sign a release authorizing the testing laboratory to release test results to the Company. Any applicant or associate who receives a positive test result shall have no less than five (5) work days following written notification of the test result to confidentially explain and provide

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appropriate documentation or contest the result.² Associates may request a confirmatory re-test within three (3) days of written notice of the positive test result.

Medical Review Officer (MRO)

Where required by law, a final review of the test results will be made by a qualified Medical Review Officer (MRO). The role of the MRO is to review, interpret and verify confirmed positive test results. The MRO will determine if a confirmed positive test result could have an alternative medical explanation. Applicants and associates have the right to discuss with the MRO their use of prescription or non-prescription medications both prior to and following testing and to provide the MRO with medical records relevant to the test results.

If the MRO is unable to conclude that the positive test result could be attributed to the use of legally prescribed medication, the MRO will confirm the positive test result and report it to the Company.

² Associates may, pursuant to the applicable law and/or rules of the governing agency for health care administration in the jurisdiction where he/she works, have additional rights to contest the results. Please contact Human Resources for details.

Where required by law, before making a final decision to verify a positive test, the MRO shall give the applicant or associate an opportunity to discuss and/or contest the test results.

Voluntary Acknowledgment of Substance Abuse

The Company encourages associates having substance and/or alcohol abuse issues to inform the Company of the need for treatment. Associates who voluntarily seek treatment for an abuse problem will be referred to the Company's Associate Assistance Program ("AAP") or other publicly available resources for treatment. Associates who voluntarily seek rehabilitation shall not be subject to an adverse employment action as long as the associate complies with the requirements of rehabilitation and successfully completes his or her rehabilitation.

The associate will be allowed to use available personal/sick or vacation time and/or request a personal leave or Family Medical Leave (FMLA) as needed for a treatment program.

The associate will be subject to follow-up random drug and/or alcohol testing. If the associate declines random testing or tests positive, employment will automatically be terminated.

An associate will not be automatically subject to discipline by reason of requesting help and/or guidance from the Company for substance and/or alcohol abuse; however, a request for assistance shall not excuse an associate from a policy violation immediately prior to or while an actual search, inspection, or drug and/or alcohol screen is being undertaken.

Substance Abuse Resources

The Company maintains an Associate Assistance Program (AAP) to assist associates and their family with a variety of issues including substance and alcohol abuse issues. The Company's AAP program is ComPsych and they can be reached at 1-888-327-5769. Applicants and associates dealing with substance abuse issues may also refer to the National Institute on Drug Abuse at 1-800-662-HELP or the Cocaine Abuse Hotline at 1-800-COCAINE. Other resources may also be obtained from the Corporate Human Resources Department at 1-877-LODGIAN.

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Disciplinary Action

An applicant or associate who has been asked to submit to a drug and/or alcohol test has the right to refuse to undergo such a test. However, refusal to cooperate with and submit to any requested test will be grounds for employment denial or disciplinary action up to and including employment termination.

Applicants or associates who violate this Policy will be subject to disciplinary action up to and including employment denial or termination. Such violations include, but are not limited to, the possession, use, manufacture, distribution, or sale of illicit drugs or alcohol in or on the Company's property or during the performance of job duties, regardless of the time of day, a positive drug or alcohol test result, refusal to release the results of a drug or alcohol test to the Company, tampering with the testing process, or engaging in any dishonest act with respect to the testing process. Determination of what action is appropriate in each case rests solely with the Company.³

Except where prohibited by law, conviction for a criminal violation involving illicit drugs, whether or not work related, is grounds for immediate employment denial or termination.

³ Associates working in Minnesota and Vermont shall not be subject to termination of employment unless he/she is first given the option of completing a rehabilitation program at his or her own expense. Associates and applicants who test positive who work in Connecticut shall be provided a copy of the positive results. Associates and applicants who test positive who work in Maryland shall be provided (via hand delivery or certified mail) within 30 days a copy of the applicable lab report, a copy of this policy, a notice of the Company's actions as a result of the positive result, and a statement that the associate can request an independent test from another laboratory. Please contact Corporate Human Resources for details.

Engaging in conduct prohibited by this policy may also subject an individual to loss of Unemployment Compensation, Workers' Compensation, and medical and indemnity benefits, or prosecution by law enforcement officials, in accordance with applicable state and federal law.⁴

Miscellaneous Provisions

Associates and applicants working in Alabama are hereby notified of the existence of Alabama Code § 25-5-334, governing drug testing; associates and applicants working in Florida are hereby notified of the existence of Florida Statutes § 440.102, governing drug testing, as well as the right to contest a positive drug test pursuant to law or rules adopted by the Florida Agency for Health Care Administration; associates and applicants working in Georgia are hereby notified of the existence of O.C.G.A. § 39-9-414, governing drug testing; associates working in Tennessee are hereby notified that they must notify the applicable testing laboratory should they bring an administrative or civil action based upon a drug test; and, for associates working in Vermont, this policy incorporates by reference 21 V.S.A. § 514. Nothing in this policy shall be construed as being in conflict with applicable law, and the Company shall comply with all applicable laws, rules and regulations, notwithstanding anything in this policy to the contrary.

⁴ These include, but are not necessarily limited to, the laws of Ohio, Georgia, and Tennessee.

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General Information

From time to time, policies, procedures, and/or practices may be altered to meet the needs of the Company and/or to comply with legal requirements. This information is subject to changes, which supersedes, modify, or eliminate all or parts of this policy. While we will strive to announce changes, this may not always be feasible. Consequently, some changes may be made without notice, unless a notice period is required by applicable law. Lodgian reserves the right to interpret, alter, suspend, or terminate this policy in its entirety or any portion thereof at any time, except as prohibited by law.