



WINGATE BY WYNDHAM

APPLICATION FOR EMPLOYMENT

Personal Information	First	Middle	Last	D.O.B		SOCIAL SECURITY NUMBER	
	PRESENT ADDRESS			CITY	STATE	ZIP CODE	
	PERMANENT ADDRESS			CITY	STATE	ZIP CODE	
	PHONE NO.		CELL NO.		E-MAIL		
Desired Work	POSITION			DATE YOU CAN START		SALARY DESIRED	
	ARE YOU EMPLOYED? YES / NO		IF YES? WHERE?		MAY WE CONTACT YOUR PRESENT EMPLOYER?		
	HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?		WHEN?		
Education History	NAME & LOCATION OF SCHOOL			YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED	
	HIGH SCHOOL						
	COLLEGE						
	TRADE, BUSINESS OR CORRESPONDENCE SCHOOL						
General Information	SUBJECTS OF SPECIAL STUDIES/RESEARCH WORK OR SPECIAL TRAINING/SKILLS						
Former Employers	U.S. MILITARY OR NAVAL SERVICE			RANK			
	DATE MONTH AND YEAR ATTENDED	NAME AND ADDRESS OF EMPLOYER		SALARY	POSITION	REASON FOR LEAVING	
	FROM						
	TO						
	FROM						
	TO						
	FROM						
TO							
References	GIVE BELOW ATLEAST 3 PERSONS OF WHICH YOU WORKED WITH OR UNDER FOR ATLEAST 1 YEAR						
	NAME		ADDRESS		PHONE		YEARS

AUTHORIZATION

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree to that no representative of the company has any authority to into any agreement for employment for and specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNITURE: _____

DATE: _____