



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									
	U.S. MILITARY OR NAVAL SERVICE				RANK					
Former Employers	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 WITCH YOU HAVE KNOWN 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 Disabilites Act (ADA) and other relevant federal and state laws."

SIGNITURE: _____

DATE: _____