



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	PLEASE LIST WORK RELATED REFERENCES BELOW THAT WE MAY CONTACT ON YOUR BEHALF										
	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: _____