

EMPLOYMENT APPLICATION
PLEASE READ CAREFULLY
EQUAL OPPORTUNITY EMPLOYER

Name (Last)	First	Middle	Social Security Number
Address		City	State Zip
Phone (include area code)	Position Applied For	Date Available	Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details on reverse side.
Have you ever applied for a position with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details on reverse side.		Have you ever been convicted or plead guilty to a crime which has not been expunged or sealed by a Court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details on reverse side.	
If under 18 please state age.	Are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> If No, give explanation on reverse side under additional comments.	(If you are hired, proof of your identity and employment eligibility in the United States must be established by appropriate documentation at the time you begin work.)	What Prompted you to apply here?

EDUCATION	INSTITUTION'S NAME AND ADDRESS	MAJOR FIELD OF STUDY	DID YOU GRADUATE?
GRAMMAR SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE OR UNIVERSITY			<input type="checkbox"/> Yes <input type="checkbox"/> No DEGREE REC'D.
TRADE OR BUSINESS SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No DEGREE REC'D.
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No DEGREE REC'D.

EMPLOYMENT RECORD	PLEASE LIST ALL EMPLOYMENT STARTING WITH MOST RECENT. ACCOUNT FOR ALL PERIODS INCLUDING U.S. ARMED FORCES, PERIODS OF UNEMPLOYMENT AND VOLUNTARY SERVICES.		
LIST YOUR MOST RECENT POSITION HELD		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO MAY WE CONTACT YOUR PRIOR EMPLOYER(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer's Name, Complete Address and Phone Number	DATES EMPLOYED		Position Title
	From	To	Name and Title of Supervisor
	SALARY		
	Start	Final	Reason for Leaving

Employer's Name, Complete Address and Phone Number	DATES EMPLOYED		Position Title
	From	To	Name and Title of Supervisor
	SALARY		Reason for Leaving
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Employer's Name, Complete Address and Phone Number	DATES EMPLOYED		Position Title
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	SALARY		Reason for Leaving
	Start	Final	
Employer's Name, Complete Address and Phone Number	DATES EMPLOYED		Position Title
	From	To	Name and Title of Supervisor
	SALARY		Reason for Leaving
	Start	Final	

ADDITIONAL COMMENTS

List any additional experience, skills, or training that you feel may apply to the position applied for.

PROFESSIONAL REFERENCES (DO NOT USE RELATIVES)

NAME	COMPANY NAME & ADDRESS	TELEPHONE NO.	OCCUPATION	YRS. KNOWN

NOTE: We reserve the right to investigate or verify any and all of the information provided in this application for employment. *Information as to a conviction will be considered within the context of the entire application and the position applied for, and will not necessarily bar an applicant from employment. It is understood that if hired any false statement in this application may result in dismissal.

In consideration of my employment, I agree to conform to the rules and regulations of the Hotel/Restaurant managed by Winegardner & Hammons, Inc., and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no property manager or representative of Winegardner & Hammons, Inc., other than a Vice President of the Company, has any authority to enter into any agreement or promise for employment for any specified period of time, or to make any agreement or promise contrary to the foregoing. Any agreement or promise made must be in writing and signed by a Vice President of the Company.

I understand that the Company has a drug-free workplace policy that provides for pre-employment testing for the illegal use of drugs, as well as testing after employment under certain circumstances. I understand that compliance with this policy and the successful passing of a screen for the illegal use of drugs is a condition of employment and continued employment with the Company.

I authorize all my references and former schools and employers to provide any information requested in connection with my application for employment, and I release all such parties from any liability for any such damages that may result from furnishing such information to you.

If I am hired, I agree to sign an agreement to arbitrate certain claims as a condition of my employment. This arbitration agreement is available for your review on request.

APPLICANT'S SIGNATURE

DATE