

# WILSON HOTEL MANAGEMENT COMPANY, INC.

Wilson Hotel Management Company Inc. and each of its Hotels is an equal opportunity employer that selects the best-qualified applicant for the job based on job-related qualifications without regard to applicant's race, color, religion, creed, national origin, sex, age, veteran status, and any physical or mental disabilities unless applicant is unable to perform the essential functions of the job. No question on this application is intended to secure information to be used for such discrimination. If your answers or statements require additional space, obtain supplemental sheets from the personnel receptionist.

**INSTRUCTIONS: PLEASE PRINT LEGIBLY IN INK OR TYPE. EACH SECTION MUST BE COMPLETED. ENTER "N/A" IN THE EVENT THE INFORMATION REQUESTED IS NOT APPLICABLE THE APPLICATION WILL REMAIN ACTIVE FOR SIXTY (60) DAYS AFTER IT IS FILED. FOR CONSIDERATION AFTER THAT TIME, REAPPLICATION IS REQUIRED.**

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	HOME PHONE	BUSINESS PHONE
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	FROM TO
IF LESS THAN 5 YEARS PREVIOUS RESIDENCE					

IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF AN ASSUMED NAME OR NICKNAME NECESSARY TO ENABLE A CHECK OF YOUR WORK RECORD? IF "YES" EXPLAIN.

YES  NO

## JOB REQUIREMENTS

INDICATE TYPE OF POSITION DESIRED. BE SPECIFIC

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WAGE / SALARY REQUIREMENTS      CHECK APPROPRIATE EMPLOYMENT DESIRED

FULL TIME     PART TIME     SUMMER     OTHER (DESCRIBE)

CAN YOU WORK:    SATURDAY    SUNDAY    WEEKDAY    EVENINGS    HOLIDAYS    DAYS    NIGHT HOURS    OVERTIME

YES     YES     YES     YES     YES     YES     YES     YES

NO     NO     NO     NO     NO     NO     NO     NO

WILL YOU BE ABLE TO TRAVEL OUT OF TOWN OR OVERNIGHT IF NECESSARY?

YES     NO

WILL A NOTICE BE REQUIRED FROM PRESENT EMPLOYER?

1 WEEK     2 WEEK     OTHER

WHAT DATE WILL YOU BE AVAILABLE TO BEGIN WORK?

## PERSONAL INFORMATION

AGE (ONLY IF UNDER 21) \_\_\_\_\_

DO YOU POSSESS A VALID AUTHORIZATION TO WORK IN THE THE UNITED STATES?  YES  NO

DO YOU HAVE A VALID STATE DRIVER'S LICENSE? \_\_\_\_\_

HOW WERE YOU REFERRED TO THIS HOTEL?

ADVERTISEMENT     EMPLOYMENT AGENCY     EMPLOYEE     FRIEND     RADIO

HAVE YOU EVER BEEN EMPLOYED BY WILSON HOTEL MANAGEMENT COMPANY OR ANY OF ITS HOTELS? IF "YES", LIST DATE, YEAR, AND DUTIES

IF REFERRED BY CURRENT EMPLOYEE, LIST HIS/HER NAME

IF YOU ARE RELATED TO ANYONE EMPLOYED AT THIS HOTEL, SHOW NAME, RELATIONSHIP AND DEPARTMENT WHERE THEY WORK.  
*(DETERMINATION OF HOTEL EMPLOYEE RELATIVES DOES NOT EXCLUDE AN APPLICANT FROM EMPLOYMENT, BUT IS USED TO PREVENT PLACEMENT WHICH MAY CREATE CONFLICTS OF INTEREST)*

HAVE YOU EVER BEEN BONDED?  YES  NO      HAVE YOU EVER BEEN REFUSED BOND? IF YES, STATE REASON AND DATE

YES     NO       YES     NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR OTHER CRIME OF DISHONESTY OR BREACH OF TRUST OR DAMAGE TO THE PERSON OR PROPERTIES OF OTHERS? IF "YES", GIVE DATES AND EXPLANATION. (A CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT - THIS INFORMATION IS USED ONLY FOR JOB-RELATED REASONS AND ONLY TO THE EXTENT PERMITTED BY LAW.)

YES     NO

We are proud to be a Drug-Free Workplace

## EMPLOYMENT RECORD

**PLEASE COMPLETE IN DETAIL STARTING WITH PRESENT OR MOST RECENT EMPLOYER. EXPLAIN ANY LAPSE OF TIME NOT ACCOUNTED FOR. PLEASE USE ADDITIONAL SHEETS IF NECESSARY.**

<b>1</b>	EMPLOYMENT MONTH    YEAR	EMPLOYMENT		SALARY		YOUR TITLE AND RESPONSIBILITIES
	FROM	CO. NAME		START	FINAL	
	TO	ADDRESS	ZIP	OTHER COMPENSATION		
NAME AND TITLE OF SUPERVISOR		REASON FOR LEAVING OR CONSIDERING A CHANGE			SUPERVISOR'S TELEPHONE	
<b>2</b>	EMPLOYMENT MONTH    YEAR	EMPLOYMENT		SALARY		YOUR TITLE AND RESPONSIBILITIES
	FROM	CO. NAME		START	FINAL	
	TO	ADDRESS	ZIP	OTHER COMPENSATION		
NAME AND TITLE OF SUPERVISOR		REASON FOR LEAVING OR CONSIDERING A CHANGE			SUPERVISOR'S TELEPHONE	
<b>3</b>	EMPLOYMENT MONTH    YEAR	EMPLOYMENT		SALARY		YOUR TITLE AND RESPONSIBILITIES
	FROM	CO. NAME		START	FINAL	
	TO	ADDRESS	ZIP	OTHER COMPENSATION		
NAME AND TITLE OF SUPERVISOR		REASON FOR LEAVING OR CONSIDERING A CHANGE			SUPERVISOR'S TELEPHONE	
<b>4</b>	EMPLOYMENT MONTH    YEAR	EMPLOYMENT		SALARY		YOUR TITLE AND RESPONSIBILITIES
	FROM	CO. NAME		START	FINAL	
	TO	ADDRESS	ZIP	OTHER COMPENSATION		
NAME AND TITLE OF SUPERVISOR		REASON FOR LEAVING OR CONSIDERING A CHANGE			SUPERVISOR'S TELEPHONE	
<b>5</b>	EMPLOYMENT MONTH    YEAR	EMPLOYMENT		SALARY		YOUR TITLE AND RESPONSIBILITIES
	FROM	CO. NAME		START	FINAL	
	TO	ADDRESS	ZIP	OTHER COMPENSATION		
NAME AND TITLE OF SUPERVISOR		REASON FOR LEAVING OR CONSIDERING A CHANGE			SUPERVISOR'S TELEPHONE	
MAY WE CONTACT YOUR PRESENT EMPLOYER?		WHY DO YOU DESIRE TO MAKE A CHANGE?				
<input type="checkbox"/> YES <input type="checkbox"/> NO						



**TO BE COMPLETED BY APPLICANT FOR POSITIONS WHICH REQUIRE OPERATIONAL SKILLS**

SKILL			MECHANICAL SKILL						
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	TYPING _____ SPEED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	AIR CONDITIONING
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	SHORTHAND _____ SPEED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	REFRIGERATION
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DICTIONATION EQUIPMENT _____ TYPE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	ELECTRICAL
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	WORD PROCESSING _____ TYPE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	PLUMBING
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	CALCULATOR, OTHER KEYBOARDING MACHINES (CRT, 10 KEYPUNCH, ETC.) _____ TYPE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	CARPENTRY
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	PBX EQUIPMENT _____ TYPE					
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	COMPUTER OPERATIONS AND/OR PERIPHERAL HARDWARE _____ TYPE					

DESCRIBE OTHER SKILLS

LICENSES HELD

CAN YOU READ AND WORK WITH BLUEPRINTS?

**APPLICANT'S STATEMENT**

- I hereby authorize Wilson Hotel Management Company, Inc. to investigate all statements contained in this application and any attached resume. I affirm that all information contained in this application and any attached resume is true and complete and that any misrepresentation, classification or omission herein, shall be sufficient reason for dismissal from, or refusal of employment.
- I understand that my previous employers, educational institutions, I have attended, and all branches of U.S. military in which I have served may be asked for information relative to my employment record with them. I hereby authorize Wilson Hotel Management Company, Inc. to request such information from previous employers, and I hereby authorize my previous employers, educational institutions and military branches to release the same. They are hereby released from all liability for issuing such information.
- I agree to submit to any future examinations, physical or other as may be required by Wilson Hotel Management Company, Inc. I understand that I may be photographed for an identification card and also fingerprinted.
- In consideration of employment, I agree that 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. This application does not constitute a contract of employment either express or implied for any specific length of time.
- No supervisor, representative, agent, or employee of the company has now or has had in the past any authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or a modification of the above terms, nor can any policies or practices of the company either written or oral, modify the above terms.
- I hereby acknowledge that I have read the above statement and understand it.

APPLICANT'S SIGNATURE

DATE OF SIGNING

**NOTICE TO APPLICANTS: Screening tests for  
Illegal drug use will be required as  
a condition of employment.**