V CARE LLC, Travelodge by Wyndham 1706 North Park Drive, Winslow, Arizona 86047

Employment Application Form

APPLICANT INFORMATION				
Full Name (First, Middle, Last):				
Address:	City:		State:	ZIP:
Phone Number:	Email A	ddress:		
Emergency Contact Name:		Emergency Phone	:	
Date of Birth:	Social Security	Number:		
Legal Authorization to Work in the U	J.S:			
Position Applying For:		Pay Rate Expec	ted:	
Availability: [] Full-Time [] Part-T	Time [] Weekend [] Nig	ght Shifts [] Holiday	rs Temporary	work? [] Yes [] No
Worked here before? [] Yes [] No.	If Yes, When?	Position?		Pay Rate:
Preferred Role: [] Front Desk [] H	ousekeeping [] Mainten	nance [] Kitchen []	Other	
EMPLOYMENT HISTORY (Please	list your most recent job	s, starting with the cu	rrent or most re	ecent position)
Employer Name:	· ·			•
Phone Number:				
Supervisor's Name:				
Reason for Leaving:				
Employer Name:	Addı	ress:		
Phone Number:				
Supervisor's Name:				
Reason for Leaving:				
(Attach additional sheets if necessary				
EDUCATION				
High School Name:		City/State:		
Did you graduate? [] Yes [] No				
College Name:				
Did you graduate? [] Yes [] No]				
Other Certifications or Training (e.g.				
				D- 4- 4 - 4 6

REFERENCES (Please	provide at least two professional references)	
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
ADDITIONAL INFORM	MATION	
Have you worked in the	hospitality industry? If yes, briefly describe your ex	xperience:
Special Skills Relevant t	to Hotel Operations (e.g., languages, housekeeping,	customer service etc.):
Have you ever been con	victed of a felony? [] Yes [] No	
Explanation:		
CONSENT FOR DRUG	G TESTING AND BACKGROUND CHECK	
successful completion of	y authorized to work in the United States. I understa f all required background checks and drug testing as ags and understand that refusal or failure may result	s per company policy. I hereby voluntarily
Signature:	Printed Name:	Date:
90-DAY PROBATIONA	ARY PERIOD	
	red, I will be subject to a 90-day probationary period suitability for the position will be evaluated.	d during which my performance,
I understand that during	this period, my employment may be terminated at a	any time at the discretion of the employer.
Signature:	Printed Name:	Date:
DISCLAIMER, AT-WIL	LL EMPLOYMENT, AND SIGNATURE	
I understand that my em	eting this application or being invited for an intervieuployment is 'at-will,' meaning it is not for a specificat any time, with or without cause or notice.	
understand that false or	ation provided in this application is true and comple misleading information in my application or intervi	,
employment.		