

EMPLOYMENT APPLICATION

NAME _____ STREET ADDRESS _____
FIRST NAME MIDDLE INITIAL LAST NAME

APT NO OR BOX _____ CITY _____ STATE _____ ZIP _____ PHONE () _____

ARE YOU 18 OR OLDER? [] YES [] NO IF NOT, AGE _____ POSITION DESIRED? _____

EVER WORKED FOR THE WHISTLING SWAN BEFORE? [] YES [] NO IF YES, DATES AND LOCATION _____

AVAILABILITY

TOTAL HOURS AVAILABLE PER WEEK _____

HOURS

AVAILABLE

	M	T	W	TH	F	S
FROM						
TO						

HOW DID YOU HEAR OF THE JOB? _____ HOW FAR DO YOU LIVE FROM THE WHISTLING SWAN? _____

ARE YOU LEGALLY EMPLOYABLE IN THE U.S.? [] YES [] NO DO YOU HAVE TRANSPORTATION TO WORK? [] YES [] NO

SCHOOL MOST RECENTLY ATTENDED

NAME _____ LOCATION _____

FIELD OF STUDY _____ LAST YEAR COMPLETED? [] FR [] SO [] JR [] SR

GRADUATED? [] YES [] NO NOW ENROLLED? [] YES [] NO IF YES, EXPECTED GRADUATION DATE _____

TWO MOST RECENT JOBS: (If not applicable, list U.S. Military, work performed on a voluntary basis or personal references.)

COMPANY _____ LOCATION _____

PHONE () _____ JOB TITLE _____ SUPERVISOR _____

WAGE \$ _____ [] HOURLY [] SALARY DATES WORKED FROM _____ TO _____

REASON FOR LEAVING _____ **MGNT REFERENCE CHECK DONE BY** _____

COMPANY _____ LOCATION _____

PHONE () _____ JOB TITLE _____ SUPERVISOR _____

WAGE \$ _____ [] HOURLY [] SALARY DATES WORKED FROM _____ TO _____

REASON FOR LEAVING _____ **MGNT REFERENCE CHECK DONE BY** _____

PHYSICAL

EXPLAIN ANY YES ANSWERS IN DETAIL

Any health problems or physical disabilities which could affect your employment? [] YES [] NO

Do you now have or have you had, within the last six months, any contagious or communicable diseases, or gastro-intestinal infections, or have you ever had hepatitis or salmonella? [] YES [] NO

During the past 10 years, have you ever been convicted of a crime, excluding misdemeanors?* [] YES [] NO

IF YES, DESCRIBE IN FULL

*A conviction will not necessarily bar you from employment.

1. I certify that the information contained on this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with the policy of the Whistling Swan Inn & Restaurant.
2. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
3. I acknowledge that, if I become employed, I will be free to terminate my employment at any time for any reason and the Whistling Swan Inn & Restaurant retains the same rights. No representative of the Whistling Swan Inn & Restaurant has the authority to make any contrary agreement.

SIGNATURE _____ DATE _____

YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS – FOR CONSIDERATION AFTER THAT YOU MUST REAPPLY.

The Whistling Swan Inn & Restaurant is an equal opportunity employer.

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