

EMPLOYMENT APPLICATION
WINDMILL INNS OF AMERICA, INC.

PLEASE READ

The safety and comfort of our guests are a first priority. Therefore:

WINDMILL INNS OF AMERICA, INC. HAS A **ZERO TOLERANCE** POLICY FOR DRUG/SUBSTANCE USE/ABUSE. WINDMILL PROHIBITS THE USE, SALE OR POSSESSION OF ILLEGAL DRUGS, ON OR OFF PROPERTY, DURING SCHEDULED WORK TIMES OR WHEN OFF DUTY. WINDMILL PROHIBITS ANY CRIMINAL ACTIVITY ON OR OFF PREMISES. WINDMILL HAS A PROGRAM OF TESTING, AT RANDOM, FOR ANY SUBSTANCE WHICH IS ILLEGAL OR WHICH MAY IMPAIR ABILITY TO WORK SAFELY. ALL APPLICANTS ARE TESTED AND PERIODIC RANDOM TESTING IS DONE OF CURRENT STAFF. FAILURE OF AN ILLEGAL OR IMPAIRMENT SUBSTANCE TEST IS GROUNDS FOR DISMISSAL WITHOUT RECOURSE.

IF YOU DO NOT AGREE WITH THIS POLICY, DO NOT FILL OUT AND SIGN THIS EMPLOYMENT APPLICATION. BY SIGNING THIS APPLICATION YOU ARE AGREEING TO ABIDE BY THIS POLICY WITHOUT EXCEPTION.

WE ENTHUSIASTICALLY SUPPORT THE GOALS OF ADA AND EEOC.

Please complete all questions, even when submitting a resume.

If a question does not apply, please insert N/A.

Please type or print

NAME

LAST

FIRST

MI

DATE: _____ POSITION APPLYING FOR: _____

WINDMILL INN LOCATION: _____

NAME: _____
Last First MI SS #

ADDRESS: _____
Number Street City State ZIP

PHONE: _____ MESSAGE PHONE: _____

ARE YOU A RESIDENT OF THIS STATE? _____ FOR HOW LONG? _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXPIRES: _____

YOU MUST PROVIDE PROOF OF LEGAL ABILITY TO WORK IN THE UNITED STATES. PLEASE BE PREPARED TO PROVIDE DOCUMENTS PROVING YOUR WORK STATUS. ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? _____

IF YOU ARE UNDER 18 YEARS OF AGE YOU MUST PROVIDE PROOF OF ELIGIBILITY TO WORK.

CAN YOU PROVIDE THIS PROOF? _____ LIST DOCUMENTS: _____

BECAUSE WE SERVE GUESTS FROM MANY LANDS AND CULTURES, BILINGUAL SKILLS ARE DESIRABLE.

WHAT LANGUAGES BESIDES ENGLISH DO YOU SPEAK? JAPANESE: _____ SPANISH: _____ FRENCH: _____

GERMAN: _____ RUSSIAN: _____ OTHER: (identify) _____

WERE YOU REFERRED BY A CURRENT STAFF MEMBER? YES NO IF YES, NAME _____

WHAT PROFESSIONAL LICENSES DO YOU HOLD? _____

WHAT SPECIAL PERMITS DO YOU HOLD? _____

DATE OF ISSUE: _____ ISSUING AUTHORITY: _____

DATE OF LAST TRAINING TO MAINTAIN PERMIT: _____

CAN YOU TYPE? _____ WPM _____

DO YOU HAVE COMPUTER SKILLS? _____ IF SO, PLEASE EXPLAIN AND LIST PROGRAMS IN WHICH PROFICIENT: _____

HAVE YOU EVER WORKED FOR WINDMILL INNS? _____ DATE AND LOCATION: _____

DO YOU HAVE A RELATIVE WORKING FOR WINDMILL INNS? _____

IF SO, PLEASE IDENTIFY: _____

HAVE YOU EVER BEEN BONDED FOR A JOB? _____ WHEN AND WHERE: _____

HAVE YOU EVER BEEN REFUSED A BOND? _____ WHEN AND WHERE: _____

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM BEING BONDED? _____ EXPLAIN: _____

Since your 18th birthday, have you been convicted (found guilty, or plead guilty or no contest) of any criminal offense, including traffic?

Please be very careful in completing this section. Windmill Inns of America will verify this information. Windmill Inns of America highly values integrity. It is essential that you be honest and truthful. The information disclosed will not necessarily bar you from further consideration. This includes any misdemeanors and felonies (i.e., assault, burglary, disorderly conduct, domestic violence, drug-related convictions, Driving Under the Influence (DUI); Driving While Intoxicated (DWI), failure to appear in court, larceny, shoplifting, trespassing, etc.). Such convictions may have resulted in fine(s), community service, probation or jail/prison time. Applicants are not required to report convictions that have been expunged or sealed by a court of law.

_____ **Yes** _____ **No** Please explain if marked yes.

Offense

Approximate Date (Month/Year)

ARE YOU SEEKING FULL OR PARTTIME WORK? _____

WINDMILL INNS HAS A 24 HOURS A DAY, 365 DAYS A YEAR BUSINESS SCHEDULE.

WILL YOU WORK: MORNING SHIFT: _____ AFTERNOON SHIFT: _____ NIGHT SHIFT: _____

OVERTIME: _____ HOLIDAYS: _____ WEEKENDS: _____ WAGE DESIRED: _____

SOME POSITIONS WITH WINDMILL INNS REQUIRE EXTENDED OVERNIGHT TRAVEL.

ARE YOU ABLE TO TRAVEL AND BE AWAY FROM HOME OVERNIGHT? _____

ARE YOU CURRENTLY EMPLOYED? _____ IF YES, WHERE? _____

WHAT IS YOUR POSITION? _____ WHAT ARE YOUR JOB DUTIES? _____

MAY WE CONTACT YOUR CURRENT AND PAST EMPLOYER FOR A REFERENCE? _____ IF NO, PLEASE EXPLAIN: _____

LIST ALL PREVIOUS ADDRESSES FOR LAST 5 YEARS:

WHO CAN WE NOTIFY IN CASE OF AN ACCIDENT OR ILLNESS?

NAME

ADDRESS

PHONE

RELATIONSHIP

EDUCATION OR TRAINING

PLEASE CHECK ALL EDUCATION WHICH YOU HAVE COMPLETED AND FILL IN THE APPLICABLE BLANKS:

GED: _____ EXAM DATE AND LOCATION: _____

HIGH SCHOOL: _____ NAME AND LOCATION: _____

TRADE/PROFESSIONAL SCHOOL: _____ NAME AND LOCATION: _____

COURSE OF STUDY/CERTIFICATION: _____

COLLEGE/UNIVERSITY: _____ NAME AND LOCATION: _____

DEGREE: _____ MAJOR: _____ MINOR: _____

ADVANCED DEGREE(S): _____

OTHER TRAINING, COURSES, SEMINARS, OR EXPERIENCES THAT MIGHT BE OF BENEFIT TO YOUR PERFORMANCE IN THE POSITION FOR WHICH YOU ARE APPLYING: _____

EMPLOYMENT EXPERIENCE

List complete work experience. If more space is required, fill out a blank sheet of paper.

Do not write "See Resume" in the spaces below instead of completing the employment record. A resume will not substitute for this section of the application. The amount of experience and the way you describe it as it relates to the position for which you are applying, is important. Read the Position Description listed in the job announcement to guide you in describing your experience.

PRESENT OR MOST RECENT EMPLOYER

Position Title _____ City/State _____

Supervisor's Name/Title _____ Supervisor's Phone # _____

Employment Dates From _____ To _____ Hours/Wk _____

Major Duties _____ Earnings: Start _____ per _____

_____ Final _____ per _____

Reason for leaving _____

PREVIOUS EMPLOYER

Position Title _____ City/State _____

Supervisor's Name/Title _____ Supervisor's Phone # _____

Employment Dates From _____ To _____ Hours/Wk _____

Major Duties _____ Earnings: Start _____ per _____

_____ Final _____ per _____

Reason for leaving _____

PREVIOUS EMPLOYER

Position Title _____ City/State _____

Supervisor's Name/Title _____ Supervisor's Phone # _____

Employment Dates From _____ To _____ Hours/Wk _____

Major Duties _____ Earnings: Start _____ per _____

_____ Final _____ per _____

Reason for leaving _____

LIST THREE ADDITIONAL WORK RELATED REFERENCES (NOT RELATIVES)

NAME	ADDRESS	PHONE	RELATIONSHIP	# YEARS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WHY ARE YOU APPLYING FOR THIS POSITION AT WINDMILL INNS? _____

WHAT ARE YOUR CAREER GOALS FOR THE NEXT FIVE YEARS? _____

WHAT IS YOUR DEFINITION OF CUSTOMER SERVICE? _____

WHAT OTHER INFORMATION ABOUT YOURSELF WOULD YOU LIKE WINDMILL TO KNOW ABOUT? _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS EMPLOYMENT APPLICATION. THE HIRING PROCESS WILL INCLUDE VARIOUS ASSESSMENTS, TESTS, SCREENINGS, INTERVIEWS, INQUIRIES AND INVESTIGATIONS. HIRING DECISIONS WILL BE MADE AT THE SOLE DISCRETION OF WINDMILL INNS OF AMERICA, INC. AFTER THE PROCESS HAS BEEN COMPLETED.

PLEASE READ AND INITIAL EACH PARAGRAPH TO EVIDENCE YOUR UNDERSTANDING AND AGREEMENT.

I have thoroughly read and understand the questions asked. I certify that the answers are freely given and are true and complete to the best of my knowledge. I authorize Windmill Inns of America to make complete and thorough investigations and inquiries of all matters as it may determine are necessary or desirable to determine my suitability for employment and fit with the corporate culture and job description including but not limited to my personal, employment, credit, criminal, driving and other history which Windmill may deem important in its sole discretion.

INITIAL _____

I understand and agree that any false or misleading statement in this application or during any job interview is strictly prohibited. In the event that I am employed by Windmill Inns of America, I understand and agree that such falsehood or misleading statement(s) shall be grounds for automatic termination and discharge. I also understand and agree to abide by, without exception, all policies, procedures, rules and regulations of Windmill Inns of America. (See Work Rules & Staff Handbook.)

INITIAL _____

In the event of a final interview I understand that I will be required to submit a urine sample for drug screening purposes prior to completion of the employment process. If I refuse, or if I do not comply with testing procedures, I understand that I will not be considered further. I understand that if my urine screens positive for alcohol, illegal substances and/or prescription drugs, whose use has not been prescribed for me by a licensed physician, I will not be considered for employment. I consent to release drug testing records to this company. All test results are kept confidential.

INITIAL _____

Employment with Windmill Inns of America is at the mutual consent of each staff member and the company. Accordingly, while the Windmill has every hope that employment relationships will be mutually beneficial and rewarding, staff members and the company retain the right to terminate the employment relationship at will, at anytime, with or without cause or advance notice. There is no express or implied covenants that in any way conflict with this right.

INITIAL _____

INITIAL _____ If my application is selected for further evaluation, I will be notified. If not, I will receive no further notice.

INITIAL _____ My application is current for a period of 90 days, and after that time it will be destroyed. I must submit a new application after that time

I understand that by accepting this application, Windmill Inns of America, Inc. is not guaranteeing that I will be selected for a position within the company. I understand that no job offer is valid unless and until the required company, governmental and tax forms are signed by me.

Signature

THIS APPLICATION BECOMES VOID AFTER 90 DAYS. APPLICANTS WILL NOT BE CONSIDERED FOR ANY OPENINGS WHICH OCCUR AFTER THAT PERIOD. A NEW APPLICATION MUST BE SUBMITTED AFTER THAT DATE.

COMPANY USE ONLY

Item/Task	Comp. By (Init.)	Completed By (Print Name)	Date Comp.
1) Application Reviewed - completed and signed			
2) First Interview			
3) Stanton Completed and Scored			
4) Second Interview - GM only			
5) Reference Checks (3 minimum)			
6) Contingent Offer of Employment			
7) Background Verification Form Signed			
8) Post Offer Verification Form sent to Home			

Item/Task	Comp. By (Init.)	Completed By (Print Name)	Date Comp.
9) DMV Check Completed			
10) Credit Check Completed			
11) Criminal Check Completed			
12) Approval of steps 8,9,10,11 received from Home Office			
13) Drug/Alcohol Screen Administered			
14) Drug/Alcohol Screen Results Received			
15) Final Offer of Employment			
16) Orientation Completed			

Hire Date: _____ Position: _____ Starting Wage: _____ GM Signature: _____