

Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions <u>must</u> be answered.

"Employer"	Position applying for
MWG Enterprises, LLC	
Lakeshore Motel Ice Lake	

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature	Date	

Equal Opportunity Employer

Applicant Information								
Full Name:					Date:			
	Last	First			Middle			
Address:				City		Ctoto	ZIP	
		_		City		State		
Phone:		E	=mail					
Date Availab	ole: Se	ocial Security No.:			Desire	ed Salary: \$		
Position App	lied for:							
Are you auth	norized to work in the U.S.?	YES NO	Ha	ve you	ever worked fo	or this company?	YES NO	
Have you ev	er been convicted of a felo	YES NO ny?						
If yes, explai	n:							
		Educ	ation					
High School	:	Address:					_	
From:	To:	Did you graduate?	YES	NO	Diploma:			
College:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
Other:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
		Refere	ences					
Full Name: Company:						onship: Phone:		
Address:								
Full Name:						onship:		
Company: Address:					F	Phone:		
Full Name:					Relatio	onship:		
Company:						Phone:		
Address:								

	E	Employment History				
Company:			Phone:			
Address:			Supervisor:			
Job Title:						
Responsibilities:						
Start date:	End:	Reason for Leaving:_				
Company:			Phone:			
Address:			Supervisor:			
Job Title:		Starting Salary:	Ending Salary:			
Responsibili	ties:					
Start date:	To:	Reason for Leaving:_				
Company:			Phone:			
Address:			Supervisor:			
Job Title:		Starting Salary:	Ending Salary:			
Responsibilities:						
Start date:	To:	Reason for Leaving:_				
		Military Service				
Branch:	:: From: To:					
Rank at Discharge: Type of Discharge:						
If other than honorable, explain:						

If additional space is needed, please use the reverse side of this page.