

## **Employment Application**

Wyndham and its subsidiary companies will provide equal employment opportunities to all applicants without regard to an applicant's race, color, religion, sex, national origin, age, citizenship, sexual preference/orientation, marital status, veteran status, disability, or any other status protected by law. Wyndham will provide reasonable accommodation to allow an applicant to participate in the hiring process (e.g. accommodations for a test or job interview) if so requested. When completing this application, you may exclude information that would disclose or otherwise reference any protected status mentioned above or any other status protected by law. This application is considered current for ninety (90) days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new application. In addition, Wyndham Worldwide encourages you to apply online at www.wyndhamworldwide.com

PLEASE PRINT-USE INK-COMPLETE ALL SECTIONS AND ATTACH A RESUME

		GENERAL IN	<b>FORM</b>	ATION					
Last Name					Mid	Middle Name			
Home Address	City	State Zip Code			Home Telephone No.				
Mailing Address	City		State Zip Code			Bus	Business Telephone No.		
E.mail Address Mobile Phone/Pager	<u> </u>								
All offers of employment are condit Are you authorized to work in the L		provide evidence Yes No	」 of your rig	to be le	gally emp	loyed.			
		JOB INFO	RMATI	ON					
Position Applying For:			R - Regular T - Temporary				F - Full-Time P - Part-Time		
Salary Desired:			S - Seasonal (circle one)				(circle one)		one)
If part-time, how many hours per v	veek? If par	rt-time, check days	available.	М	T W	/ T	h F _	S _	Sun
Are there hours or days you are no	t available to work? 🖵 Ye	es 🖵 No	If yes, pl	ease list _					
Can you travel if the job requires it? ☐ Yes ☐ No			Are you willing to work overtime, if required?			☐ Yes ☐ No			
Can you relocate if the job requires	it? 🖵 Yes 🖵 No								
<b>Complete</b> <i>only</i> if applying for a position that requires or involves shift work. Are you willing to work nights? ☐ Yes ☐ No					, ,			☐ Yes ☐ No	
Are you willing to work Saturday?	☐ Yes ☐ No		Are you willing to work a varied schedule?			☐ Yes ☐ No			
Have you previously been employe	d by Wyndham or any Wy	ndham subsidiary	or affiliate	?	☐ Yes □	□ No			
If yes, please identify the company,	your dates of employmen	nt, the position and	l reason fo	r leaving. <sub>-</sub>					
Have you previously applied for em	ployment with Wyndham	or any Wyndham s	subsidiary	or affiliate	?	☐ Yes	□ No		
Do you have any relatives or friend  Yes No If yes, please provi									

EMPLOYMENT HISTORY									
Please provide a complete employment history listing all positions held for the last 10 years including part-time, summer, and volunteer work, starting with most recent employer, please account for any periods of unemployment in the space provided at the top of the following page.*									
Present or Most Recent Employer									
Address			City	State	Zip Code	Telephor	пе		
Position Supervisor's Name			)		1	ı	Supervisor's Title		
Employed From Month   Year						Ending or Current Base Pay/Hourly Rate		Reason for Leaving	
Other compensation (Bonus, Commissions, Draw, etc.) When distributed? (Annually, quarterly, monthly) Amount or percentage:									
May we contact your present employer?									
Responsibilities									
Employer #2									
Address				City	State	Zip Code	Telephor	ne	
Position			Supervisor's Name			1		Supervisor's Title	
Employed From Month Year					Ending Base Pay/ Hourly Rate			Reason for Leaving	
Other compensation	Other compensation (Bonus, Commissions, Draw, etc.) When distributed? (Annually, quarterly, monthly) Amount or percentage:								
May we contact th	is employer	?	☐ Yes	☐ No If no, ple	ease explai	n:			
Responsibilities									
Employer #3									
Address				City	State	Zip Code	Telephor	ne	
Position Supervisor's Name							Supervisor's Title		
Employed From To Base Salary Starting Month   Year Month   Year Base Pay/Hourly Rat							Reason for Leaving		
Other compensation (Bonus, Commissions, Draw, etc.) When distributed? (Annually, quarterly, monthly) Amount or percentage:									
May we contact th	May we contact this employer?								
Responsibilities									
Employer #4									
Address			City	State	Zip Code	Telephor	ne		
Position Supervisor's Name							Supervisor's Title		
Employed From Month Year Base Salary Startin Base Pay/Hourly Ra					Reason for Leaving				
Other compensation (Bonus, Commissions, Draw, etc.) When distributed? (Annually, quarterly, monthly) Amount or percentage:									
May we contact this employer?									
Responsibilities									

EMPLOYMENT HISTORY CONTINUED									
Please explain all	periods of two months or mo	re in which you were not emp	loyed during the past ten years.						
-		rged or asked to resign from a	. , . ,	□ No					
<b>—</b>		FDUG	ATION						
	Diploma/Degree Type	EDUC	ATION						
Type of School	(GED, H.S., B.A., etc.) Received	Name of Scho City, State	pol	Major Subject/Course					
High School									
College									
Graduate School									
Other									
If currently attend	If currently attending school, what are the days and times of your scheduled classes?								
List any academic		PECIAL SKILLS AN ments, scholarships or other s	D QUALIFICATION	<u> </u>					
Liot any addading	, noncre, eutotainaing demove	monto, conciencimpo er cener e	ngimioani joo rolatoa awarao.						
List any professio	nal licenses or certifications e	earned and any foreign languag	ne proficiency.						
			,						
List software prog	grams, PC and word processing	ng equipment proficiency.							
List skills other th	an clerical.								
Placea provide an	y other information that you t		NT EXPERIENCE	nt such as additional work experience (paid or					
unpaid) gained in accomplishments.	any job – related organization	ns, clubs, professional society	or other association, or semina	rs, articles or books published, activities and					
HOW WERE YOU REFERRED TO US									
☐ Employee Name:			☐ State or Local Agency Name:						
☐ School/College Name:			☐ Newspaper/Publication Specify:						
☐ Employment A Compar		of Contact: t Phone:	☐ Internet Specify:						
☐ Walk-In			☐ Other						
			Specify:						

	REFERENCES							
In addition to the supervisors listed in the employment history section above, list three (3) professional references who can comment on your work performance.  If not applicable, list three (3) personal references who are not related to you.								
Name/Relationship Length of Time Known	Address	Occupation Company/Job Title	Telephone No.					
APPLICANT PLEASE READ AND SIGN								
this application and in the hiring pror a misleading statement may resist the Company regardless of when so I understand that if hired, unless I will be "at will" and that my employ understand that no representative of my employment unless it is in wand with or without notice at any ti	the questions and the statements made (including state occess are true and correct to the best of my knowledgult in a decision not to hire me, the withdrawal of any uch false, misleading, or erroneous information is discussed am employed under a specific written contract or collyment may be terminated at any time with or without of the Company has any authority to make any assurar writing by an authorized officer of the company. I under me. I further agree that the Company reserves the right cation represents the entire agreement between the Cooral or written.	ge. I understand that a false statement, a offer of employment, or the termination covered.  lective bargaining agreement, my emplo cause and with or without notice at the conces, representations or promises contrarstand that I may terminate my employment to make unilateral changes to the term	of my employment with  yment with the company option of the Company. I ary to the "at-will" nature nent with or without cause as and conditions of my					
any claim, whether statutory or at discrimination. I understand that I	n condition of my employment, I agree to waive my recommon law, related to or arising out of my employ I am waiving my right to a jury trial voluntarily and k h a person of my choosing, including an attorney, be	yment or the termination of employmen knowingly and free from duress or coer	nt, including claims of					
Signature Date								