

# WHITE'S WAYSIDE

2175 Hankey Mountain Highway, Churchville, VA 24421

540-337-8004

## Employment Application

Please **print** clearly and complete all sections:

### Personal Information

Applicants Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you hear about this position: \_\_\_\_\_

What days are you available to work: \_\_\_\_\_

What hours are you available to work: \_\_\_\_\_

On what date can you start working if hired: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you ever applied to White's Wayside before: Yes No

If yes, when: \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for White's Wayside: Yes No

If yes, name & relationship: \_\_\_\_\_

Are you 18 years of age or older: Yes No

Are you a U.S. citizen or approved to work in the United States: Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor): Yes No

If yes, please explain: \_\_\_\_\_

Do you use any tobacco products on or off the job: Yes No

### Education

High School:

Name	Location (City, State)	Year Graduated	Degree Earned

College/University:

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training:

Name	Location (City, State)	Year Graduated	Degree Earned

**Employment History**

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

City, State: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

City, State: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

City, State: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you a member of the Armed Services: Yes    No

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Please list below any other skills or qualifications you possess for the position for which you are applying:

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**References**

Please provide 3 professional references below:

Name:	Contact Information:

Hobbies or Other Personal Interest:

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**In Case of Emergency Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

White's Wayside is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the general manager.

White's Wayside complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

**AT-WILL EMPLOYMENT**

The relationship between you and the White's Wayside is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or White's Wayside. No representative of White's Wayside has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our General Manager or the Company's President.

White's Wayside is **NON-Smoking** Property.

*By signing this application I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application may be grounds for termination. I hereby agree to the terms and conditions set forth above.*

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_