

EMPLOYMENT APPLICATION

APPLICATION FOR EMPLOYMENT



Facility Name:	
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JOB PREFERENCE

Please check department/position for which you are applying.		Event Staff* <input type="checkbox"/>	Office Support /Clerical <input type="checkbox"/>	Ticket Office* <input type="checkbox"/>	Staff - Food & Beverage* <input type="checkbox"/>	Operations Staff* <input type="checkbox"/>
Housekeeping Staff <input type="checkbox"/>	Security* Staff <input type="checkbox"/>	Bartending Staff (Must be at least 21) <input type="checkbox"/>	*Some of these positions require the ability to see and hear very well.			

PERSONAL INFORMATION

Your Name:					Current Date:	
E-mail Address:					Current Phone:	
Current Address:						
Current City		State:		Zip Code:		
Have you ever been employed by this facility before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list when?				
Can you legally work in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have the appropriate documentation to legally work in the United States?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If this position requires driving, do you hold a valid license?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date of expiration?				

WORK AVAILABILITY

Are you available to work for more than six months of the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	List the times you are available for work by marking the appropriate boxes for each day of the week listed below:			
	Mornings	Afternoons	Evenings	All Day	Other (Please describe)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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EDUCATION

School Names & Locations		Major	Highest Grade Completed
High School:			9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
Address/ City/State			
College/ University:			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Address/ City/State			
Tech. College:			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Address/ City/State			
College Other:			
Address/ City/State			

SPECIAL TRAINING/SKILLS

Forklift: <input type="checkbox"/>		Trucks: <input type="checkbox"/>		Tractor/Mower: <input type="checkbox"/>		Zamboni: <input type="checkbox"/>	
Other: (List)							

COMPUTER SKILLS

List computer/ software skills:			
Typing (wpm):		Other (List):	

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EMPLOYMENT HISTORY

Employer's Name:					Supervisor's Name:						
Employer's Address:											
Employer's City:							State:		Zip Code:		
Employer's Phone:					Starting Wage:			Final Wage:			
Dates employed:	From		To:		Reason for leaving:						
Position /Duties:											
Employer's Name:					Supervisor's Name:						
Employer's Address:											
Employer's City:							State:		Zip Code:		
Employer's Phone:					Starting Wage:			Final Wage:			
Dates employed:	From		To:		Reason for leaving:						
Position /Duties:											

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REFERENCES

Name:		Occupation:	
Relationship to Applicant		Phone Number:	
Name:		Occupation:	
Relationship to Applicant		Phone Number:	
Name:		Occupation:	
Relationship to Applicant		Phone Number:	

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PLEASE READ CAREFULLY

I hereby certify that the answers given by me to the foregoing questions and statements made are true and correct, without reservations of any kind whatsoever. I understand that any job offer is contingent upon my providing the documentation required by the Immigration Reform Control Act. If employment is obtained under this application, I will willingly comply with all orders, rules and regulations of VenuWorks, Inc. and its subsidiaries VenuWorks of _____, LLC. (Initials_____)

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and VenuWorks of _____, LLC for either employment or the provision of benefits and that an offer of employment or completion of VenuWorks of _____, LLC probationary period shall not be construed as a guarantee of continued employment. If an employment relationship is established subsequent to the date of this application, I will have the right to terminate my employment at any time (with or without cause) and VenuWorks of _____, LLC will have a similar right. If an employment relationship is established, I understand that my work schedule will vary depending on event staffing requirements. VenuWorks of _____, LLC cannot guarantee a specific number of annual employment hours. (Initials_____)

I also authorize my former employers, schools and personal references to give any information they may have regarding me, whether or not it is contained in a written record. I hereby release them and their companies from all liability for issuing same. It is understood that all facts are open to investigation by VenuWorks of _____, LLC and that, upon investigation, if anything contained in this application is found to be false or misleading, I will be subject to immediate discharge from employment and agree to hold VenuWorks of _____, LLC and person named herein blameless in that event. I understand that no promise, representation, agreement, practice or policy contrary to the foregoing is binding on VenuWorks of _____, LLC unless made in writing and signed by an officer of VenuWorks of _____, LLC. (Initials_____)

I AUTHORIZE VenuWorks of _____ to perform a criminal background check on me, which will include the sex offender registry. (Initials _____)

Applicants will be subject to a criminal background check(s) and may be subject to pre-employment drug testing. Any offer of employment is conditional and based upon the results of the criminal background and/or drug screenings.

SIGNATURE

Applicant's Signature:		Date:	
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We appreciate your interest and the time you have taken to complete this application. Thank you.

Facility Representative:		Department:	
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