



## EMPLOYMENT APPLICATION

**In compliance with Federal and State equal employment opportunity laws, it is this company's intention to consider all applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, the presence of non-job related medical conditions or any other protected classification.**

**(PLEASE PRINT CLEARLY)**

**DATE:** \_\_\_\_\_

**Social Security No. #** \_\_\_\_\_

**Are you 18 years of age or older?** \_\_\_ Yes \_\_\_ No

WERE YOU REFERRED BY ANYONE AND IF SO, WHOM? \_\_\_\_\_

NAME \_\_\_\_\_  
                                     LAST                                    FIRST                                    MI

**\*It is very important that one or more phone number(s) be provided where you can be contacted during the day, night, and/or weekends. Please indicate if these numbers are your home or cell number.**

**\*PHONE NO** (    ) \_\_\_\_\_ (    ) \_\_\_\_\_ (    ) \_\_\_\_\_  
                                     Daytime Number                                    Night Number                                    Weekend Number

**EMAIL ADDRESS:** \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
                                     STREET OR APT.                                    CITY                                    STATE                                    ZIP CODE

PERMANENT ADDRESS \_\_\_\_\_  
                                     STREET OR APT.                                    CITY                                    STATE                                    ZIP CODE

HIGH SCHOOL ATTENDED: \_\_\_\_\_ DID YOU GRADUATE: \_\_\_YES \_\_\_NO

COLLEGE ATTENDED/ATTENDING \_\_\_\_\_ NO. OF YEARS COMPLETED? \_\_\_\_\_

FIELD OF STUDY \_\_\_\_\_ DID YOU GRADUATE: \_\_\_YES \_\_\_NO

**EMPLOYMENT DESIRED:**    **Full-Time** \_\_\_\_\_    **Part-Time** \_\_\_\_\_

**Please number the positions in order of priority that you are interested in applying for.**

- \_\_\_ PATRON SERVICES (Ushers, ticket-takers, door guards, switchboard, etc.)
- \_\_\_ PRODUCTION (Staging, rigging, spotlight, sound, computer message center, etc.)
- \_\_\_ MAINTENANCE/CONVERSION - MANUAL LABOR FOR ARENA CHANGEOVERS  
(Changing Building over from one event to another)
- \_\_\_ STAGE SECURITY
- \_\_\_ PARKING ATTENDANT
- \_\_\_ TICKET SELLERS (Box Office using computers and Customer Service)
- \_\_\_ HOUSEKEEPING (Matrons, porters, post event cleanup, etc.)
- \_\_\_ CATERING/CONCESSIONS (Wait staff, bartenders, concession worker, utility worker, culinary, etc.)
- \_\_\_ OTHER (PLEASE SPECIFY): \_\_\_\_\_



DATE YOU CAN START: \_\_\_\_\_

ARE YOU AVAILABLE TO WORK: MORNINGS: \_\_\_YES \_\_\_NO EVENINGS: \_\_\_YES \_\_\_NO  
HOLIDAYS: \_\_\_YES \_\_\_NO SUNDAYS: \_\_\_YES \_\_\_NO

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

**EMPLOYMENT EXPERIENCE (Start with the most recent)**

1. NAME OF COMPANY: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_ PHONE # \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_
2. NAME OF COMPANY: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_ PHONE # \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES:**

1. NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_
2. NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. To determine my qualifications for employment, I authorize this company to review my previous employment, driving, and criminal records, and/or other background data as it may relate to the position(s) for which I am applying. I hereby authorize all former employers and educational institutions to furnish their records, together with all information they may have concerning me whether on record or not. I also release any person, firm, or institution from any and all liability for any damage whatsoever for issuing such information. Should this company employ me, the foregoing authorization and release shall extend to this company in connection with issuing such information to future prospective employers.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Revised 8 /2019*