

Name: _____

Department: _____

EMPLOYMENT APPLICATION



Midwest Hospitality at its Best!



Midwest Hospitality at its Best

APPLICATION FOR EMPLOYMENT

JOB PREFERENCE

Please check department/position for which you are applying.

- | | |
|--|--|
| <input type="checkbox"/> Event Staff* | <input type="checkbox"/> Food & Beverage Staff* |
| <input type="checkbox"/> Ticket Office* | <input type="checkbox"/> Bar-tending (must be at least 21 with prior experience) |
| <input type="checkbox"/> Operations Staff* | <input type="checkbox"/> Custodial |
| <input type="checkbox"/> Security* | |

* Some of these positions require the ability to see and hear very well. Are you physically and mentally able to perform the essential functions of the job with/or without accommodation? Yes or No

PERSONAL INFORMATION

Name:	Date:
Current Address:	
Current City, State, Zip	
Permanent Address:	
Permanent City, State, Zip:	
Home Phone:	
Email Address:	
Yes	No
Have you ever been employed by this facility before? If so, when?	
Have you ever been convicted of a felony? If yes, please explain	
I am available to work for more than 6 months of the year.	
Are you related to anyone working at this location? If so, who	
Can you legally work in the United States?	
Do you have the appropriate documentation to legally work in the US?	

WORK AVAILABILITY

Times Available to Work. Example: Morning (Morn.), Afternoon (Aft), Evening (Even), All Day

Mon. _____ Tues. _____ Wed. _____ Thurs. _____
 Fri. _____ Sat. _____ Sun. _____

EDUCATION

School	Name & Location	Major	Highest grade Completed
High School			9 10 11 12
College			1 2 3 4
Tech. College			1 2 3 4
Other			

Special Training/Skills: _____ Forklift _____ Trucks _____ Tractor/Mower _____ Windows
 _____ Typing (wpm _____) Other _____

Computer / Software? Please list: _____

EMPLOYMENT HISTORY

Employer's Name:		Supervisor's Name:	
Address:		Starting Wage: \$	Final Wage: \$
City, State, Zip		Employer's Phone:	
Dates Employed: _____ to _____		Reason for Leaving:	
Position / Duties:			
Employer's Name:		Supervisor's Name:	
Address:		Starting Wage: \$	Final Wage: \$
City, State, Zip		Employer's Phone:	
Dates Employed: _____ to _____		Reason for Leaving:	
Position / Duties:			
Employer's Name:		Supervisor's Name:	
Address:		Starting Wage: \$	Final Wage: \$
City, State, Zip		Employer's Phone:	
Dates Employed: _____ to _____		Reason for Leaving:	
Position / Duties:			

REFERENCES

NAME	OCCUPATION	ADDRESS	PHONE
1.			
2.			
3.			

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 of Brookings, LLC and its subsidiaries (VenuWorks).

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 for either employment or the provision of benefits and that an offer of employment or completion of VenuWorks 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 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 cannot guarantee a specific number of annual employment hours.

I agree that my employment with VenuWorks is predicated upon my ability to mentally and physically perform the essential functions of the job for which I am applying, which may be evaluated through a physical examination after an offer of employment is made.

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 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 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 unless made in writing and signed by an officer of VenWorks.

Signature

Date

We appreciate your interest and the time you have taken to complete this application.

Thank you.