

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information, or other legally protected status. We are an equal opportunity employer.

PLEASE PRINT

Position(s) applying for:

Date of Application

How did you learn about us:

Advertisement Employment Agency Relative Friend Inquiry Other: _____

Last Name

First Name

Middle Name

Address

City

State

ZIP

Phone Numbers (Primary)

(Alternate phone number, if applicable)

Social Security Number (Voluntary)

Best time to contact you at home is: _____:_____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If yes, provide the application date: _____ Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work: ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time Part Time Temporary
Please indicate: First shift Mornings Please indicate dates available: ____/____/____ to ____/____/____
 Second shift Afternoons Evenings

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

NAME: _____

POSITION: _____

DATE: ____/____/____

GRAND WAYNE CONVENTION CENTER

Beyond convention. Beyond expectation.™

APPLICATION FOR EMPLOYMENT

NAME: _____

PLEASE PRINT

Start with your current or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion gender, national origin, disabilities, or other protected status.

1	EMPLOYER:	DATES EMPLOYED:
	ADDRESS:	From: ____/____/____ To: ____/____/____
	PHONE NUMBER(S): (____)	WORK PERFORMED:
	JOB TITLE: SUPERVISOR:	
	REASON FOR LEAVING:	

2	EMPLOYER:	DATES EMPLOYED:
	ADDRESS:	From: ____/____/____ To: ____/____/____
	PHONE NUMBER(S): (____)	WORK PERFORMED:
	JOB TITLE: SUPERVISOR:	
	REASON FOR LEAVING:	

3	EMPLOYER:	DATES EMPLOYED:
	ADDRESS:	From: ____/____/____ To: ____/____/____
	PHONE NUMBER(S): (____)	WORK PERFORMED:
	JOB TITLE: SUPERVISOR:	
	REASON FOR LEAVING:	

4	EMPLOYER:	DATES EMPLOYED:
	ADDRESS:	From: ____/____/____ To: ____/____/____
	PHONE NUMBER(S): (____)	WORK PERFORMED:
	JOB TITLE: SUPERVISOR:	
	REASON FOR LEAVING:	

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

POSITION: _____

DATE: ____/____/____

GRAND WAYNE CONVENTION CENTER

Beyond convention. Beyond expectation.™

APPLICATION FOR EMPLOYMENT

NAME: _____

PLEASE PRINT

OTHER QUALIFICATIONS: Summarize special job-related skills and qualifications acquired from employment or other experience:

SPECIALIZED SKILLS: Please indicate all that apply:

Terminal Spreadsheet PC / MAC Word Processing Typewriter: wpm _____ Shorthand: wpm _____

Production / Mobile Machinery (please list): _____

Other (please list): _____

ADDITIONAL INFORMATION you feel may be helpful to us in considering your application:

NOTE TO APPLICANTS:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Can you perform the essential functions of the job for which you are applying either with or without a reasonable accommodation?

Yes No

REFERENCES:

1. _____ (_____) _____
NAME PHONE

ADDRESS _____

2. _____ (_____) _____
NAME PHONE

ADDRESS _____

3. _____ (_____) _____
NAME PHONE

ADDRESS _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for are open

Yes No

Position(s) considered for: _____

DATE: ____/____/____

POSITION: _____

DATE: ____/____/____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statement contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

SIGNATURE OF APPLICANT

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview

Yes No

Remarks: _____

Interviewer: _____ DATE: ____/____/____

Employed: Yes No Date of Employment: ____/____/____

Job Title: _____ Department: _____

Hourly Rate / Salary: _____

BY (name & title): _____ DATE: ____/____/____

NAME: _____

POSITION: _____

DATE: ____/____/____