**VENUWORKS OF AMES**

**EMPLOYMENT**

**APPLICATION**

|  |  |
| --- | --- |
| FacilityName: |  |

(SEE PROCEDURE HRM006)

**JOB PREFERENCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please check department/position for which you are applying. | Event Staff\* [ ]  | Office Support/Clerical [ ]  | TicketOffice\* [ ]  | Staff - Food & Beverage\* [ ]  | Operations Staff\* [ ]   |
| HousekeepingStaff [ ]  | Security\*Staff [ ]  | Bartending Staff (Must be at least 21) [ ]  | \*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 above listed jobs with or without accommodations? | Yes [ ]  No [ ]   |

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Your Name:  |       | CurrentDate: |       |
| E-mail Address:  |       | CurrentPhone: |       |
| Current Address: |       |
| CurrentCity |       |  State: |        | ZipCode: |       |
| Permanent Address:  |       | PermanentPhone: |       |
| Permanent City:  |       |  State: |        | ZipCode: |       |
| Have you ever been employed by this facility before? |  Yes [ ]  No [ ]  | If yes,list when? |       |
| Have you ever been convicted of a felony? |  Yes [ ]  No [ ]  | If yes, please explain: |       |
| Are you related to anyone who works at this location?  |  Yes [ ]  No [ ]  | If yes, list who? |       |
| Can you legally work in the United States? | Yes [ ] No [ ]  | Do you have the appropriate documentation to legally work in the United States? |  Yes [ ]  No [ ]  |
| If this position requires driving, do you hold a valid license? |  Yes [ ]  No [ ]  | If yes, date of expiration? |       |

**WORK AVAILABILITY**

|  |  |  |
| --- | --- | --- |
| Are you available to work for more than six months of the year? | Yes [ ] No [ ]  | 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 | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Tuesday | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Wednesday | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Thursday | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Friday | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Saturday | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Sunday | [ ]  | [ ]  | [ ]  | [ ]  |       |

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| School Names & Locations | Major | Highest Grade Completed |
| High School:  |       |       | 9 [ ]  10 [ ]  11 [ ]  12 [ ]  |
| Address/ City/State |       |
| College/ University: |       |       | 1[ ]  2 [ ]  3 [ ]  4 [ ]  |
| Address/ City/State |       |
| Tech. College: |       |       | 1[ ]  2 [ ]  3 [ ]  4 [ ]  |
| Address/ City/State |       |
| CollegeOther:  |       |       |       |
| Address/ City/State |       |

**SPECIAL TRAINING/SKILLS**

|  |
| --- |
|  Forklift:[ ]  Trucks:[ ]  Tractor/Mower:[ ]  Zamboni:[ ]  |
| Other:(List) |       |

**COMPUTER SKILLS**

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

**EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer’s Name: |       | Supervisor’s Name: |        |
| Employer’sAddress: |        |
| Employer’sCity: |       |  State: |       | Zip Code: |        |
| Employer’s Phone: |       | Starting Wage: |       | Final Wage: |       |
| Dates employed: | From: |       |  To: |       |  Reason for  leaving: |       |
| Position/Duties: |       |

**EMPLOYMENT HISTORY (CONTINUED)**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer’s Name: |       | Supervisor’s Name: |        |
| Employer’sAddress: |        |
| Employer’sCity: |       |  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’sAddress: |        |
| Employer’sCity: |       |  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’sAddress: |        |
| Employer’sCity: |       |  State: |       | Zip Code: |        |
| Employer’s Phone: |       | Starting Wage: |       | Final Wage: |       |
| Dates employed: | From: |       |  To: |       |  Reason for  leaving: |       |
| Position/Duties: |       |

**REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| Person’sName: |       | Person’s Occupation: |        |
| Person’s Address: |       |  Phone Number: |       |
| Person’sName: |       | Person’s Occupation: |        |
| Person’s Address: |       |  Phone Number: |       |
| Person’sName: |       | Person’s Occupation: |        |
| Person’s Address: |       |  Phone Number: |       |
| Person’sName: |       | Person’s Occupation: |        |
| Person’s Address: |       |  Phone Number: |       |
| Person’sName: |       | Person’s Occupation: |        |
| Person’s Address: |       |  Phone Number: |       |

**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 Ames, LLC for either employment or the provision of benefits and that an offer of employment or completion of VenuWorks of Ames, 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 Ames, 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 Ames, LLC cannot guarantee a specific number of annual employment hours. (Initials\_\_\_\_\_\_) I agree that my employment with VenuWorks of Ames, LLC 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. (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 Ames, 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 Ames, 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 Ames, LLC unless made in writing and signed by an officer of VenuWorks of Ames, LLC. (Initials\_\_\_\_\_\_) **I AUTHORIZE VenuWorks of Ames** **to perform a background check on me, which will consist of a sex offender registry check and may include a criminal background check. (Initials \_\_\_\_\_\_\_\_\_\_)** Applicants may be subject to a background check(s) and/or drug testing. Employment is conditional based upon the results of the background and/or drug screenings. |

**SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’sSignature: |  | Date: |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| FacilityRepresentative: |       | Department: |  |