



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Cell: _____ E-mail Address: _____

DOB: _____ Social Sec #: _____ Driver's Lic #: _____ State: _____

Emergency contact: _____ Relationship: _____ Number(s): _____

Position applied for: _____ Currently employed? FT PT UNEMP

Days & hours you are currently working: M: _____ T: _____ W: _____ T: _____ F: _____ S: _____ S: _____

Students - please indicate extracurricular activities: _____

If your schedule changes on a weekly/monthly basis, please explain: _____

Are you able to work the following: FRI NIGHT SAT DAY SAT NIGHT SUN DAY SUN NIGHT

Experience with public speaking?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain: _____
Are you a non-smoker or smoker?	<input type="checkbox"/> S <input type="checkbox"/> NS	Longest can work without having a cigarette? _____ hrs
Do you have your own transportation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Type of vehicle: <input type="checkbox"/> CAR <input type="checkbox"/> SUV <input type="checkbox"/> TRUCK
Have you ever been convicted for a DUI?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when? _____
Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, for what and when? _____
Do you have any visible tattoos?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain: _____
Do you have any facial piercings?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain: _____
Do you have any physical limitations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain: _____
Are you able to lift 50lbs over your head?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any previous back or neck injuries?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when? _____
Being treated for any medical conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain: _____
Worker's compensation or disability claims?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, for what and when? _____

EDUCATION

Are you currently a student? YES NO Full Time Part Time

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____ Year: _____

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____ Year: _____

Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____ Year: _____



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REFERENCES

References can either be a current or previous supervisor, coach, or mentor. NO FRIENDS OR RELATIVES.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Why do you feel you would be a good in this position? _____



EMPLOYMENT APPLICATION

MILITARY SERVICE

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize Entertainment Unlimited to complete a thorough background investigation to include employment verification, credit check, and criminal investigation.

Signature: _____ (Signature required on print copy) Date: _____ (Req'd on print copy)

In the absence of a resume, please fill out the application above and submit. All information must be completed to apply and be screened for employment