**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION:**

**Position(s) Applied For:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Date Available to Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last** **First** **Middle**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street/Route** **City** **State** **Zip**

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you over age of 16?** YES or NO **Are you over the age of 19?** YES or NO

(Per Nebraska Liquor Commission Rules & Regulations - Required Age Restrictions to Serve and Sell Alcohol)

**Have you been previously employed by the Holdrege Sun Theater and Event Venue?** YES or NO

**If yes, when:** From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Are you legally eligible for employment in the United States?** YES or NO

*(Proof of US citizenship or immigration status is required prior to employment.)*

**Are you able to meet attendance expectations of the position**? YES or NO

*(Most position hours are evenings, nights, and weekends.)*

**REFERENCES:**

|  |  |
| --- | --- |
| **Name (First, Last):** |  |
| **Phone:** |  |
| **Relationship to you:** |  |
| **How long have you known this person?** |  |

|  |  |
| --- | --- |
| **Name (First, Last):** |  |
| **Phone:** |  |
| **Relationship to you:** |  |
| **How long have you known this person?** |  |

**EDUCATIONAL BACKGROUND – HIGHEST EDUCATION COMPLETED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name & Location of School** | **Last Grade or Number of Years Completed** | **Course of Study** | **Graduated** |
| High School or GED: |  |  |  | YES / NO |
| College: |  |  |  | YES / NO |
| Other (Special Training; Military; Certifications): |  |  |  | YES / NO |

**EMPLOYMENT HISTORY:**

*List employment, U.S. Military Experience, Assignment, and Volunteer Activities beginning with the most recent.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Employment:** |  | **Supervisor Name:** |  |
| **Employer Name:** |  | **Supervisor Phone:** |  |
| **Employer Address:** |  | | |
| **Reason for Leaving:** |  | | |
| **Job Responsibilities:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Employment:** |  | **Supervisor Name:** |  |
| **Employer Name:** |  | **Supervisor Phone:** |  |
| **Employer Address:** |  | | |
| **Reason for Leaving:** |  | | |
| **Job Responsibilities:** |  | | |

Please use separate sheet for additional employment history.

**DECLARATION OF APPLICANT:**

I understand and agree any misrepresentation in this application will be cause for termination of this application and/or employment, if I have been employed. Furthermore, I understand just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand no representative of the employer has the authority to make any assurances to the contrary. I agree, if offered employment, to comply with all Adjacent Entertainment policies and all applicable federal, state and local laws and regulations in effect during my employment.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**