

Application for Employment

Little d, LLC (MISHAWAKA AMPHITHEATRE) provides equal employment opportunity without regard to an applicant's race, sex, sexual orientation, national origin, age, physical or mental disability, medical condition, religion, marital status, or veteran status. We will consider this application active for thirty (30) days after our receipt. Thereafter, you must reapply if further interested in employment. You must fill out this form completely to be considered for employment with Mishawaka. If you cannot respond to an item, please put an explanation for your reason for not responding. An incomplete application is not considered an application for employment with us. Please type or print plainly.

Personal Information				
NAME:			SS#:	
ADDRESS:			TELEPHONE #: Cell #	
HOW DID YOU LEARN OF THIS POSITION?		Are you at least 18 years of age?		
Employment Desired				
POSITION:		START DATE:		
DESIRED PAY:		DO YOU SEEK FULL-TIME OR PART-TIME EMPLOYMENT		
DESIRED BENEFITS:				
DAYS & HOURS AVAILABLE TO WORK:				
Education				
Level	Major	Where	# Years	Specialization
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
LIST ANY CERTIFICATES OR LICENSES YOU HOLD THAT MAY HELP QUALIFY YOU FOR EMPLOYMENT:				
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LIST ANY JOB-RELATED PROFESSIONAL OR TECHNICAL ORGANIZATIONS TO WHICH YOU BELONG:				
(YOU MAY EXCLUDE ANY THAT INDICATE RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, MEDICAL CONDITION, DISABILITY (INCLUDING AIDS), MARITAL STATUS, SEX (INCLUDING PREGNANCY), AND AGE).				
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U.S. Military Service			
How Long	Branch	Assignment	Final Rank

Skills		
(Not all may be necessary for the position you seek)		
JOB SKILLS YOU HAVE:		
WHAT MACHINES CAN YOU OPERATE OR DO YOU HAVE ANY SPECIAL TRAINING?		
SPOKEN LANGUAGES:		
DRIVER'S LICENSE #:	STATE:	TYPE:

Employment History					
(Please list your complete full-time and part-time employment record, beginning with your current or most recent employer. List all employers and periods of unemployment)					
When	Where		Position	Wage	Reason Left
	NAME OF SUPERVISOR: TEL #:	COMPANY: Address:			
	NAME OF SUPERVISOR: TEL #:	COMPANY: Address:			
	NAME OF SUPERVISOR: TEL #:	COMPANY: Address:			
	NAME OF SUPERVISOR: TEL #:	COMPANY: Address:			
	NAME OF SUPERVISOR: TEL #:	COMPANY: Address:			

Career Information

WHAT DO YOU EXPECT TO BE DOING IN FIVE YEARS?	WHAT WOULD YOUR LAST MANAGER / SUPERVISOR SAY ABOUT YOUR JOB PERFORMANCE?
WHAT HAS BEEN YOUR FAVORITE / MOST INTERESTING JOB?	WHAT MADE IT ENJOYABLE / INTERESTING?
WHAT JOB DID YOU DISLIKE MOST?	WHY DID YOU DISLIKE IT?

References

(Please provide three (3) persons **not related to you**, who have known you at least one year in a working environment)

	Name	Address and Telephone #	Relationship	Years
1.				
2.				
3.				
4.				

History	
HAVE YOU BEEN DISCHARGED FROM ANY JOB POSITION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN:	
HAVE YOU BEEN CONVICTED OF A FELONY? (EXCLUDE ANY SEALED OR EXPUNGED CONVICTIONS. CONVICTION WILL NOT NECESSARILY DISQUALIFY.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN:	
HAVE YOU BEEN BONDED? (EXCLUDE ANY SEALED OR EXPUNGED CONVICTIONS. CONVICTION WILL NOT NECESSARILY DISQUALIFY.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN:	

I understand and acknowledge the following:

If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States.

I understand that, if I am employed, any false statement, misrepresentation or omission of facts on this application, on any supporting documents, or provided orally, regardless of when discovered to be false, will result in my immediate dismissal.

I understand and agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice.

I understand that no supervisor or manager may alter or amend the above conditions except in writing.

I understand that nothing in this application, or in granting of an interview, is intended to create an employment contract between (Employer) and me.

In exchange for the Company's considering my application for employment, I authorize investigation of all statements contained in this application and any supporting documents. I authorize Little D, LLC to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience, and I hereby release all parties from any liability arising from such investigation.

In exchange for the Company's considering my application for employment, I hereby authorize my former employer to release to Little D, LLC any personnel information and records, favorable or otherwise, which my employer has kept regarding my employment, including my work performance. I understand that the Company may retain photocopies of my records for its files, whether I am offered employment or not. I hereby release all parties, including my former employer and Little D, LLC from any liability arising from the release, review and retention of any records pertaining to me.

I further certify that I, the undersigned applicant, have personally completed this application.

PRINTED
NAME: _____

SIGNATURE & DATE

Release & Disclosure Authorization

In connection with my application for employment or continued employment (including contract for services), I understand and acknowledge that as directed by company policy, a consumer report (including a credit report) or investigative consumer report may be compiled on me. This report may include information as to my character, personal characteristics, mode of living, general reputation, criminal history, credit and indebtedness, academic credentials, employment history, work habits, job performance, experience and reasons for termination, education, qualifications and motor vehicle driving record. This report may contain information from various public and private sources including corporations, law enforcement agencies at the federal, state or county level, credit bureaus, courts record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references and any other source required to verify information that I have voluntarily supplied. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

I understand that I have the right to request additional disclosures as to the nature and scope of the investigative consumer report. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer-reporting agency. If employment is denied, I will be notified and provided with the name and address of the consumer-reporting agency (also indicated below). I acknowledge that I have been provided with a copy of "A Summary of Your Rights under The Fair Credit Reporting Act".

I certify that the answers given by me and the statements made by me are complete and true to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts may result in rejection of my application or discharge at any time during my employment. I also understand that the use of illegal drugs is prohibited during employment with this company and that the Employer reserves the right to test for the presence of illegal drugs and any time during my employment.

PLEASE PRINT

Last Name	First Name	Middle Initial	
Other Name(s) Used (attach additional sheet(s) if necessary)	Date(s) You Stopped Using Other Name(s)		
Current Street Address	City	State	Zip
Date of Birth <small>(The age discrimination act in the employment act of 1967 prohibits discrimination in employment based on age.)</small>	Social Security Number		
Current Drivers License Number	State of Issue	Expiration Date	
Applicant's Signature	Today's Date		

These reports will be processed by: Premier Employment Screening Services 113 S. College Avenue, Fort Collins, CO 80524 or (800) 350-7941.

Questions as to the validity of this authorization may be directed to Premier Employment Screening Services.

- **California Applicants:** I am a resident of California and I wish to receive a copy of my consumer report.
if checked, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report. A summary of the consumer rights provisions of California Civil Code Section 1786.22 have been provided to me.
- **Minnesota or Oklahoma Applicants:** I am a resident of Minnesota or Oklahoma and I wish to receive a copy of my consumer report.
- **New York Applicants:** I am a resident of New York. By checking this box, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report (as indicated above).