

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 Amphitheatre. 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#: Provide upon Request	
ADDRESS:			TELEPHONE #:	
EMAIL:			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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Contact

970-482-4420 phone

LITTLE D, LLC**Mailing**13714 Poudre Canyon Hwy
Bellvue, CO 80512

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:	

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 Bowl Fort Collins, 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 Bowl Fort Collins, 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 Cherry Valley Woods, 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