

# APPLICATION FOR EMPLOYMENT



Facility Name:	<b>HARTMAN ARENA</b>
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(SEE PROCEDURE HRM006)

## JOB PREFERENCE

Please check department/position for which you are applying.			Event Staff* <input type="checkbox"/>	Office Support /Clerical <input type="checkbox"/>	Ticket Office* <input type="checkbox"/>	Staff - Food & Beverage* <input type="checkbox"/>	Operations Staff* <input type="checkbox"/>
Housekeeping Staff <input type="checkbox"/>	Security* Staff <input type="checkbox"/>	Bartending Staff (Must be at least 21) <input type="checkbox"/>	*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 <input type="checkbox"/> No <input type="checkbox"/>

## PERSONAL INFORMATION

Your Name:					Current Date:	
E-mail Address:					Current Phone:	
Current Address:						
Current City		State:		Zip Code:		
Permanent Address:					Permanent Phone:	
Permanent City:		State:		Zip Code:		
Have you ever been employed by this facility before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list when?				
Are you related to anyone who works at this location?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list who?				
Can you legally work in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have the appropriate documentation to legally work in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If this position requires driving, do you hold a valid license?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date of expiration?				

## WORK AVAILABILITY

Are you available to work for more than six months of the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
