

Bemidji Community Arena

AN EQUAL OPPORTUNITY EMPLOYER

Personal Information

Name (Print) _____ Home _____ Cell _____
(Last Name) (First Name) (Middle Name)

Present Address _____
No. Street

City State Zip If at present address less than one year, please give

Previous Address _____

Email Address _____ Social Security No. ____/____/____

Are you over the age of 18? Yes no If no, employment is subject to verification that you are of minimum legal age.

Are you a citizen of the United States? Yes No

If not a citizen of the U.S., can you provide Form 1-151 or Form 1-94 as proof that you can legally be employed in the United States? Yes No

Do you intend to remain permanently in the U.S.? Yes No

Position applied for _____ When can you begin? _____

Type of employment Full Time Part Time Rate of pay expected _____

What days and hours if part time? Days _____ Hours _____

Education

Type of School	Name of School	Courses Majored in	Check last year completed	Graduate? Give Degrees
Elementary			<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

Have you applied for a job with us before? Yes No have you ever worked for us before? Yes No

How did you come to apply? Employee Referral Newspaper Ad Walk-in

Other _____

Have you ever been convicted of a crime except a minor traffic violation? Yes No If so, state date, court and place where offense occurred. _____

(The conviction of a crime will not necessarily disqualify you from consideration for employment.)

Have you ever been discharged or requested to resign from a position? Yes No

If so, please explain. _____

Does present employer know you plan employment change? Yes No

Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential material)? Yes No

Prior Work Record (Start with most recent employer)

1. Name & Address of Most Recent Employer: _____		Telephone No. _____
Immediate Supervisor (Name & Position): _____	Date Hired _____	Starting Pay Rate _____
Your Job Title & Duties: _____	Date Left _____	Last Pay Rate _____
Reason for Leaving: _____		
2. Name & Address of Employer: _____		Telephone No. _____
Immediate Supervisor (Name & Position): _____	Date Hired _____	Starting Pay Rate _____
Your Job Title & Duties: _____	Date Left _____	Last Pay Rate _____
Reason for Leaving: _____		
3. Name & Address of Employer: _____		Telephone No. _____
Immediate Supervisor (Name & Position): _____	Date Hired _____	Starting Pay Rate _____
Your Job Title & Duties: _____	Date Left _____	Last Pay Rate _____
Reason for Leaving: _____		

Service in the Armed Forces

Have you served in the U.S. Armed Forces? Yes No If yes, date active duty started _____
 _____ 19 _____ Which Service? _____ What Branch of Service? _____
 _____ Starting Rank? _____ Final Rank? _____
 What were your duties? _____

References

(Do not list relatives or former employers)

Name _____	Address _____	Occupation _____	Phone _____
Name _____	Address _____	Occupation _____	Phone _____
Name _____	Address _____	Occupation _____	Phone _____

Job Applicant's Agreement And Certification

We offer equal employment opportunities to all persons without regard to race, religion, age, sex, national origin, or handicap. The use of this form does not mean there are positions open and does not obligate us in any way. This application will remain on active file for a period of 2 months from date of application. "I certify that the information provided by me in this application is true and accurate. I agree that if employed and it is found to be false in any way that I may be subject to dismissal if and when it is discovered. I authorize the use of any information in this application to verify my statements and I authorize past employers, doctors and all references, and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages for having furnished such information. I agree to submit to a physical examination if company policy should require it. I agree to abide by the guidelines and policies in the Employee Handbook and understand that it is not a contract of employment. I also agree that Bemidji Community Arena may revise the Employee Handbook at any time at their discretion. The only exception to this is Bemidji Community Arena's policy of employment at-will. I understand that as an "at-will employee" either I or Bemidji Community Arena can terminate employment at any time with or without cause.

Signature of Applicant

Date