



# Event Staffing, Inc.

## Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment bases on race, age, color, sex, religion, national origin, or other protected classification.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Are you over 18? Yes No  
Home Cell If no, give birtdate \_\_\_\_\_

E-Mail \_\_\_\_\_

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? \_\_\_\_\_ Have you ever worked for Event Staffing, Inc.? \_\_\_\_\_

Are there any hours/days that you can not work? \_\_\_\_\_ Do you have your own transportation? Yes No

Are you DCJS certified? \_\_\_\_\_ If so, what is your expiration date? \_\_\_\_\_

Have you ever been convicted of a felony? Yes No If yes, give details \_\_\_\_\_

If you are hired for a security position, you must complete a background check and be fingerprinted at the time of hire and be eligible to be Certified as an Unarmed Security Officer by the State of Virginia.

Education	Name & Location of School	Major Study	Diploma / Degree
High School/College/University			
Other Training			
Military			

In addition to your work history, what other experiences, skills or qualifications would especially fit you with work with our company?

\_\_\_\_\_  
\_\_\_\_\_

IN AN EMERGENCY SITUATION, PLEASE NOTIFY:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Phone Number(s) Relationship

# Work History

Most Recent Employer	City/State	Phone & Supervisor's Name
Date Started	Description of Duties	
Date Left	Reason for Leaving	

Previous Employer	City/State	Phone & Supervisor's Name
Date Started	Description of Duties	
Date Left	Reason for Leaving	

## Applicant's Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of fact contained in this application is cause for my rejection or immediate dismissal should I become employed. I authorize your investigation of any of the facts set forth in this application.

I understand that employment at this Company is "at will", which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Company, other than the Chief Executive Officer has any authority to alter the foregoing.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Position interviewed for: \_\_\_\_\_

Notes: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_

\_\_\_\_\_