

**BRIDGE VIEW CENTER
OTTUMWA, IOWA**

**EMPLOYMENT
APPLICATION**

APPLICATION FOR EMPLOYMENT



Facility Name:	BRIDGE VIEW CENTER – OTTUMWA, IOWA
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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?				
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:				
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"/>	

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EDUCATION

School Names & Locations		Major	Highest Grade Completed			
High School:			9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Address/ City/State						
College/ University:			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Address/ City/State						
Tech. College:			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Address/ City/State						
College Other:						
Address/ City/State						

SPECIAL TRAINING/SKILLS

Forklift: <input type="checkbox"/>	Trucks: <input type="checkbox"/>	Tractor/Mower: <input type="checkbox"/>	Zamboni: <input type="checkbox"/>
Other: (List)			

COMPUTER SKILLS

List computer/ software skills:			
Typing (wpm):		Other (List):	

EMPLOYMENT HISTORY

Employer's Name:			Supervisor's Name:			
Employer's Address:						
Employer's City:				State:		Zip Code:
Employer's Phone:			Starting Wage:		Final Wage:	
Dates employed:	From:		To:		Reason for leaving:	
Position /Duties:						

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EMPLOYMENT HISTORY (CONTINUED)

Employer's Name:					Supervisor's Name:					
Employer's Address:										
Employer's City:					State:		Zip Code:			
Employer's Phone:				Starting Wage:			Final Wage:			
Dates employed:	From:		To:		Reason for leaving:					
Position /Duties:										
Employer's Name:					Supervisor's Name:					
Employer's Address:										
Employer's City:					State:		Zip Code:			
Employer's Phone:				Starting Wage:			Final Wage:			
Dates employed:	From:		To:		Reason for leaving:					
Position /Duties:										
Employer's Name:					Supervisor's Name:					
Employer's Address:										
Employer's City:					State:		Zip Code:			
Employer's Phone:				Starting Wage:			Final Wage:			
Dates employed:	From:		To:		Reason for leaving:					
Position /Duties:										
Employer's Name:					Supervisor's Name:					
Employer's Address:										
Employer's City:					State:		Zip Code:			
Employer's Phone:				Starting Wage:			Final Wage:			
Dates employed:	From:		To:		Reason for leaving:					
Position /Duties:										

REFERENCES

Person's Name:				Person's Occupation:			
Person's Address:					Phone Number:		
Person's Name:				Person's Occupation:			
Person's Address:					Phone Number:		
Person's Name:				Person's Occupation:			
Person's Address:					Phone Number:		
Person's Name:				Person's Occupation:			
Person's Address:					Phone Number:		
Person's Name:				Person's Occupation:			
Person's Address:					Phone Number:		

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PLEASE READ CAREFULLY

I hereby certify that the answers given by me to the foregoing questions and statements made are true and correct, without reservations of any kind whatsoever. I understand that any job offer is contingent upon my providing the documentation required by the Immigration Reform Control Act. If employment is obtained under this application, I will willingly comply with all orders, rules and regulations of VenuWorks, Inc. and its subsidiaries VenuWorks of Ottumwa, LLC. (Initials_____)

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and VenuWorks of Ottumwa, LLC for either employment or the provision of benefits and that an offer of employment or completion of VenuWorks of Ottumwa, LLC probationary period shall not be construed as a guarantee of continued employment. If an employment relationship is established subsequent to the date of this application, I will have the right to terminate my employment at any time (with or without cause) and VenuWorks of Ottumwa, LLC will have a similar right. If an employment relationship is established, I understand that my work schedule will vary depending on event staffing requirements. VenuWorks of Ottumwa, LLC cannot guarantee a specific number of annual employment hours. (Initials_____)

I also authorize my former employers, schools and personal references to give any information they may have regarding me, whether or not it is contained in a written record. I hereby release them and their companies from all liability for issuing same. It is understood that all facts are open to investigation by VenuWorks of Ottumwa, LLC and that, upon investigation, if anything contained in this application is found to be false or misleading, I will be subject to immediate discharge from employment and agree to hold VenuWorks of Ottumwa, LLC and person named herein blameless in that event. I understand that no promise, representation, agreement, practice or policy contrary to the foregoing is binding on VenuWorks of Ottumwa, LLC unless made in writing and signed by an officer of VenuWorks of Ottumwa, LLC. (Initials_____)

I AUTHORIZE VenuWorks of Ottumwa to perform a background check on me, which will consist of a sex offender registry check and may include a criminal background check. (Initials _____)

Applicants may be subject to a background check(s) and/or drug testing. Employment is conditional based upon the results of the background and/or drug screenings.

SIGNATURE

Applicant's Signature:		Date:	
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We appreciate your interest and the time you have taken to complete this application. Thank you.

Facility Representative:		Department:	
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