

EMPLOYMENT APPLICATION

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, marital status, height, weight, veteran status, disability, or any other category protected by law.

Please be advised that your application will remain active for 6 months from the date of application, if you are not hired.

Date: ____/____/____ Daytime Phone: (____) ____ - ____ Evening Phone: (____) ____ - ____
(Area Code) (Area Code)

Full Name: _____ Are you 18 years or older? _____
(Please Print Clearly) (First) (Middle) (Maiden Name, if any) (Last)

Present Address: _____
(Number) (Street) (City) (State) (Zip Code)

Previous Address: _____
(Number) (Street) (City) (State) (Zip Code)

Email address (if applicable): _____

Position Desired: _____ Wage Desired: _____
(Please Be Specific)

Do you have current and unrestricted authorization to work in the United States? _____

When can you begin work? _____ How many hours per week can you work? _____

List any dates /times you are not available to work: _____

Dates of special occasions (weddings, vacations, etc.) will be unable to work? _____

Do you have any friends and/or relatives who work or have worked at a Kilwins store? Yes: ____ No: ____ If yes, please list name(s) and relationship(s): _____

Have you ever been convicted of a crime or arrested for a felony? Yes: ____ No: ____ If yes, please provide date, nature of incident, and disposition. _____

Can you perform the essential functions of the job for which you have applied with or without reasonable accommodation? Yes: ____ No: ____ If no, please explain: _____

Do you have any hobbies that have a direct bearing on the job you are seeking? Yes: ____ No: ____ If yes, please explain: _____

EDUCATION:

	Name of School	City, State	Course Study	Graduate?
Grammar				

High School				
College				
Other				

PREVIOUS EMPLOYMENT:

- Please identify all employers (include complete mailing address: street number, name, city, state, zip code, etc.) for the past 10 years or since leaving school, whichever period is longer. Attach additional sheet(s) if necessary.
- Please indicate either: **(F)** Full-time **(P)** Part-time **(V)** Volunteer.
- Please account for all periods of unemployment for two weeks or longer.

LAST Employer: _____ Phone: (____) _____ - _____
(Name) (Area Code)

Address: _____
(Number) (Street Name) (City) (State) (Zip Code)

Position Held: _____ From: ____ / ____ / ____ To: ____ / ____ / ____ Salary: _____

Reason(s) for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason(s).

SECOND to the Last Employer: _____ Phone: (____) _____ - _____
(Name) (Area Code)

Address: _____
(Number) (Street Name) (City) (State) (Zip Code)

Position Held: _____ From: ____ / ____ / ____ To: ____ / ____ / ____ Salary: _____

Reason(s) for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason(s).

THIRD to the Last Employer: _____ Phone: (____) _____ - _____
(Name) (Area Code)

Address: _____
(Number) (Street Name) (City) (State) (Zip Code)

Position Held: _____ From: ____ / ____ / ____ To: ____ / ____ / ____ Salary: _____

Reason(s) for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason(s).

[FOR PREVIOUS EMPLOYERS WITHIN THE PAST TEN YEARS, ATTACH ADDITIONAL SHEETS IF NECESSARY]

6/29/2015

Have you ever been terminated from a prior job, regardless of how long ago? Yes: _____ No: _____ If yes, please

provide name of employer: _____

Reason for termination: _____

REFERENCES:

Name	Address	Phone	Years Acquainted	Occupation
(1)				
(2)				
(3)				

I understand that nothing in this application or AZTAR ALUM, LLC policies or procedures, or my communications with any company representative is intended to create a contract of employment between AZTAR ALUM, LLC and me. I understand that if an employment relationship is established, my employment and compensation is for no definite period, and can be terminated with or without cause and with or without notice, at any time, at the option of either AZTAR ALUM, LLC or me. I also understand and agree that the company may change the terms and conditions of my employment at any time, with our without cause, with or without notice.

I authorize AZTAR ALUM, LLC to verify all of the information I have provided on my application. I also agree to execute, as a condition of employment or continued employment, any additional written authorizations necessary for the company to obtain access to and copies of records pertaining to this information. I certify that I can and will, upon request, substantiate all statements made by me on this application and that such statements are true, complete, and correct to the best of my knowledge. I understand that a false statement, false answer, misrepresentation, or omission to any question will be sufficient grounds for rejection of my application or my immediate discharge in the event of employment.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____