EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE Today's Date: _____

First Name	MI	Last Name	Preferred Name/Nickname

Street Address	Apt #	City	State	Zip Code

Home Phone	Cellular Phone	***Email Address***

_____
Date of Birth (under 18 will need parental permission form signed upon hire)

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPLICABLE INFORMATION

Are you interested in: _____Full Time ___Part Time _____Desired hours per week. or Desired days per week_____

Schedule Availability: ____Evenings _____Days

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday
___Saturday AM / PM ___Sunday AM/PM

How did you hear about the position? Friend (Name) Facebook Internet

Desired Hourly Pay: $ _____

When are you able to start work? Date: _____

Position desired: _____

Are you in any after-school sports? (if applicable) _____

DV Ents, Inc.*is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition,* ***DV Ents, Inc.*** *complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities.* ***DV Ents, Inc.*** *also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.*



PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

	COMPANY NAME			YOUR POSITION and TITLE
FROM _____ / _____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS		PAY $	

TO _____ / _____ Month Year	TELEPHONE NUMBER ( )	TERMINATION ___ VOLUNTARY ___ INVOLUNTARY	REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION		

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	Graduation year	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list two professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filing it out, does not indicate that any positions are open, nor does it oblige the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.
I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy or the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

SIGNED: _____ **DATE:** _____



Office Use Only: _____

***Fill out only if hired ***

In Case of Emergency, please notify (name & Number) _____

_____

_____

Forms Needed prior to first day:

_____Fed W4 ____Illinois W4 _____ I-9 Form (copy of DL & SS needed)

_____Basset Complete on _____ (bartenders only)

_____Food Handlers Complete on _____ (all positions)

____ Sexual Harassment Policy _____Company Handbook Acknowledgement

____ Employee Reporting Form _____Ill Secure Choice Reporting Info

Date of Hire_____ Position _____

Rate of Pay : _____

NOTES:

_____

_____

_____

_____

Tell us: What is ONE indulgence under $20 you just CANNOT live without?

_