



ARTS CENTER ENTERPRISES, INC.

VALET EMPLOYMENT APPLICATION

PERSONAL DATA

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

DAYTIME TELEPHONE

EVENING TELEPHONE

CELL TELEPHONE

ADDRESS (STREET)

CITY

STATE

ZIPCODE

ARE YOU AN INSURED DRIVER?

YES

NO

INSURANCE COMPANY _____ POLICY # _____

DRIVERS LICENSE NUMBER _____ EXPIRATION DATE _____

STATE DRIVER LICENSE ISSUED FOR _____

DO YOU HAVE A MOTORCYCLE LICENSE?

YES

NO

ARE YOU ABLE TO DRIVE A STANDARD TRANSMISSION?

YES

NO

HAVE YOU EVER HAD AN ACCIDENT?

YES

NO

PLEASE LIST YOUR LAST THREE ACCIDENTS AND EXPLAIN?

DATE OF ACCIDENT: _____

DATE OF ACCIDENT: _____

DATE OF ACCIDENT: _____

WILL YOU HAVE TROUBLE MEETING THE WORK SCHEDULE
YES NO

IF YES PLEASE EXPLAIN _____

HAVE YOU EVER BEEN EMPLOYED WITH THIS COMPANY?
YES NO

IF YES, WHEN _____

ARE YOU A UNITED STATED CITIZEN?
YES NO

IF NO DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?
YES REGISTRATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY?
YES NO

MILITARY BACKGROUND

HAVE YOU SEVERED IN THE UNITED STATES ARMED FORCES?
YES NO

IF SO, WHEN
DATES RANK DISCHARGE DATE

ARE YOU PRESENTLY SERVING IN THE GUARD OR RESERVES?
YES NO

EMPLOYMENT HISTORY

EMPLOYER NAME BEGIN DATE END DATE

SUPERVISOR POSITION TELEPHONE

RESPONSIBILITIES

MAY WE CHECK REFERENCES?
YES NO

EMPLOYER NAME

BEGIN DATE

END DATE

SUPERVISOR

POSITION

TELEPHONE

RESPONSIBILITIES

MAY WE CHECK REFERENCES?

YES

NO

EMPLOYER NAME

BEGIN DATE

END DATE

SUPERVISOR

POSITION

TELEPHONE

RESPONSIBILITIES

MAY WE CHECK REFERENCES?

YES

NO

EDUCATIONAL BACKGROUND

HIGHEST EDUCATIONAL LEVEL ATTENDEND 9 10 11 12
COLLEGE 13 14 15 16

DEGREE

MAJOR(S) MINOR(S)

PLEASE LIST ANY FOREIGN LANGUAGES:

LANGUAGE _____ SPEAK _____ READ _____ WRITE _____ LEVEL _____

LANGUAGE _____ SPEAK _____ READ _____ WRITE _____ LEVEL _____

NAME OF THE PERSON YOU WANT TO CONTACT IN CASE OF EMERGENCY?

NAME

ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

RELATIONSHIP

AUTHORIZATION

I CERTIFY THAT THE ABOVE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE.

I UNDERSTAND THAT IF EMPLOYED, A FALSIFIED STATEMENT ON THIS APPLICATION WILL BE CONSIDERED GROUNDS FOR IMMEDIATE DISMISSAL.

I AUTHORIZE THE RELEASE ON ANY INFORMATION REGARDING EMPLOYMENT AND ANY OTHER PERTINENT INFORMATION DURING THE INVESTIGATION OF MY REFERNCES. FUTHER, I RELEASE ANY PARTIES CONTRACTED FROM ALL/ANY LIABILITY OF DAMAGES CAUSED BY THE INFORMATION THAT IS REALEASED FROM THE REFERRALS CHECKED.

SIGNATURE _____

DATE _____

EQUAL EMPLOYMENT OPPORTUINITY IS PROVIDED BY ARTS CENTER ENTERPRISES, INC. TO ALL QUALIFIED APPLICANTS. THE MANAGEMENT OF THIS THEATRE INSURES THAT ALL OPPORTUNITIES FOR EMPLOYMENT WILL BE MADE ON A NON-DICRIMINATORY BASIS AND WILL NOT BE INFLUENCED BY RACE, CREED, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, PHYSICAL HANDICAP OR MILITYA BACKGROUND.