

VenuWorks Employment Application



Facility Name:	RE	A/HOI	4C (C/I	ΜЕ	C/	TOU	JRI:	ST I	PARK	(
JOB PRE	FERE	NCE													
		epartment/porce population applying.	ositio	า		ent aff* [fice S Ierical	upport I 🗌	Ticke Office			f - Food & erage* 🗌		erations ff*
				tending Staff st be at least 21)			_	*Some of these positions require the ability to see and hear very well.							
PERSON	AL IN	FORMATI	ON												
Your Name:								Current Date:							
E-mail Address:		<u>Current</u> Phone:													
Current Address:															
<u>Current</u> City		State: Zip Code:													
Have you		been employ pefore?	⁄ed	Yes No		If y list	es, when?								
Can you legally work in the United States?											Yes 🗌 No 🗌				
		requires driv alid license?		Yes No			es, date piration?	of							
WORK A	VAIL	ABILITY													
Are you available to work for mo than six months of the year?			ore Yes 🗌					ou are available for work by marking the es for each day of the week listed below:							
		Mornings	;	Afte	rnoo	ns	Even	ings	,	All Day			Othe (Please de)
Monda	ау														
Tuesd	ay														
Wednes	sday														
Thursd	lay														
Frida	У														
Saturd	lay]							
Sunda	ау]							



EDUCATION

School Names & Locations					Major	Highest Grade Completed				
High School:							9 🗆	10 🗆	11 🗆	12 🗆
Address/ City/State										
College/ University	·:						1	2 🗆	3 🗌	4 🗆
Address/ City/State	÷									
Tech. College:							1	2 🗆	3 🗆	4 🗆
Address/ City/State	;									
College Other:										
Address/ City/State	÷									
SPECIAL	TRAININ	IG/SK	ILLS_							
						- · · · · ·				
	rklift:□		Tr	ucks: 🗌		Tractor/Mower:□		Zam	boni:	
Other: (List)	rklift:∐ 		Tr	ucks: U		Iractor/Mower:		Zam	boni:	
		s	Tr	ucks: U		Iractor/Mower:		Zam	boni: 🗌	
(List)	ER SKILL		Tri	ucks: L		Tractor/Mower:		Zam	boni:	



EMPLOYMENT HISTORY

Employer's Name:					Supervi Name:	sor's			
Employer's Address:									
Employer's City:							State:	Zip Code:	
Employer's Phone:			Starting Wage:				Final Wage:		
Dates employed:	From :	To:		Reas leavii	on for ng:				
Position /Duties:									
Employer's Name:					Supervi Name:	sor's			
Employer's Address:									
Employer's City:							State:	Zip Code:	
Employer's Phone:			Starting Wage:				Final Wage:		
Dates employed:	From :	To:		Reas leavii	on for ng:				
Position									



REFERENCES

Name:	Occupation:		
Relationship to Applicant		Phone Number:	
Name:	Occupation:		
Relationship to Applicant		Phone Number:	
Name:	Occupation:		
Relationship to Applicant		Phone Number:	



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 Thief River Falls, 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 Thief River Falls, LLC for either employment or the provision of benefits and that an offer of employment or completion of VenuWorks of Thief River Falls, 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 Thief River Falls, 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 Thief River Falls, 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 Thief River Falls, 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 Thief River Falls, 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 Thief River Falls, LLC unless made in writing and signed by an officer of VenuWorks of Thief River Falls, LLC. (Initials) I AUTHORIZE VenuWorks of Thief River Falls, LLC. to perform a criminal background check on me, which will include the sex offender registry. (Initials)									
Applicants will be subject to a criminal background check(s) and may be subject to preemployment drug testing. Any offer of employment is conditional and based upon the results of the criminal background and/or drug screenings.									
SIGNATURE									
Applicant's Signature:	Date:								
Ve appreciate your interest and the time you have taken to complete this application. Thank you.									
Facility Representative:	Department:								