



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

First	M. Initial	Last	Date	
Address	Apt	City	State	Zip
Cell Phone	Office Phone		Other Phone	
Email Address		Social Se	ecurity Number	
Please identify the position for the Stagehand □ Runner □ Are you eligible for a Cass Country	Forklift Driver U	prigger / Downrigger	☐ Pit / Front of Stage Are you over the age of 18?	
Are you employed now? \square Yes	□ No If so,	, may we inquire of yo	ur present employer? 🗆 Y	es 🗆 No
Type of employment you are seel	king: Full-time Par	rt-time		
Are you a US citizen, or otherwis	e authorized to work in the	e U.S. without any res	striction?	
Have you ever been involuntarily	terminated or asked to re	sign from any position	of employment? Yes	□ No
If yes, please describe circumstar	ices:			
If selected for employment, are y Emergency Contact Name: Phone Number	Wor	rk Number	Relationship	
Calcal Nama		EDUCATION Vacuus Attended	Dageres Dageigad	Maion
School Name	Location	Years Attended	Degree Received	Major
Other training, certifications, or l	icenses held:			
List other information pertinent to	the employment you are	seeking:		
	·	RESOURCES USE		
Start Date: Position:				
Pay Rate:		Status:	☐ Full-time or ☐ Part-	-time

EMPLOYMENT HISTORY

Please list THREE YEARS of employment history, starting with the most recent Employer first: 1. Employer Job Title Dates Employed (start) (end) Starting Wage Ending Wage _____City____ State Zip Phone Number_____ Supervisor Name Duties Performed May we contact this employer? \square Yes \square No Reason for Leaving 2. Employer ______ Job Title_____ Dates Employed (start) (end) Starting Wage Ending Wage Address City State Zip Phone Number_____Supervisor Name____ Duties Performed _____ Reason for Leaving May we contact this employer? \square Yes \square No 3. Employer Job Title Dates Employed (start) (end) Starting Wage Ending Wage State Zip Address City Phone Number_____Supervisor Name____ Duties Performed Reason for Leaving May we contact this employer? \square Yes \square No 4. Employer Job Title Dates Employed (start) (end) Starting Wage Ending Wage Address City____State___Zip__ Phone Number Supervisor Name Duties Performed May we contact this employer? \square Yes \square No Reason for Leaving Please explain gaps in employment history: REFERENCES Please list the names of three persons NOT related to you, whom you have known at least one year. 1. Name Phone Number _____ Zip_____ Address City State 2. Name _____ Phone Number ____ Address City State Zip Phone Number 3. Name Address City State Zip

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize Paymasters to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further agree to indemnify Paymasters against any and all liability that may result from making such investigation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I also acknowledge and understand that I am applying for employment with Paymasters, that if hired I will be an employee of Paymasters, and as a condition of my employment with Paymasters, Paymasters has the right to transfer my services to any available position, therefore, I agree to participate in any training that may be necessary to satisfy the position. I further agree that I will abide by all the rules, regulations, and policies of Paymasters and that failure to do so may be cause for termination. I further agree that in the event I am advanced any money by Paymasters or any of its subscribers, and fail to make payment as agreed, Paymasters, Inc. may deduct the amount unpaid from any wage I may have coming.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature:	Date:	_