

MILLER EVENT MANAGEMENT, INC.

Employment Application

Office Only:

Employee Number:
Celayix ID:
Sage ID:
Interviewed by:
Date:

The questions found in this form are being asked to evaluate your ability and chance for success in the position for which you are applying. Every effort has been made to comply with applicable federal law and laws of our state. It is not our intent to discriminate in employment on account of race, color, sex (including pregnancy, child birth or related medical conditions, including breast feeding or medical conditions related to breast feeding), ancestry, religion, (including religious dress or grooming practices), age (over 40 years of age), expression, marital status, military or veteran status or any other status protected by state or federal law.

Today's Date:

APPLICANT INFORMATION

Last Name		First Name		Middle Initial		Nickname	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available				Desired Salary			
Guard Card #			Expiration Date		Referred by		
Armed Guard #			Expiration Date				
Have you ever worked for this company before?	YES <input type="checkbox"/>		NO <input type="checkbox"/>	When?			
Are you willing to work Graveyard shifts?	YES <input type="checkbox"/>		NO <input type="checkbox"/>				

EDUCATION

High School				Address, City, State				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address, City, State				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address, City, State				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

PERSONAL INFORMATION

Are you able to perform the essential functions of the position you are applying for with or without reasonable accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name and Address of person to be contacted in case of Emergency:		
Name:	Phone:	
Address:		
Are you related to anyone in our company? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, give name:		
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/> Where?		

PREVIOUS EMPLOYMENT

Company					Phone		
Address, City, State, & Zip					Supervisor		
Job Title				Responsibilities			
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address, City, State, & Zip					Supervisor		
Job Title				Responsibilities			
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address, City, State, & Zip					Supervisor		
Job Title				Responsibilities			
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

MILITARY SERVICE

Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

REFERENCES*Please list three professional references.*

Full Name					Relationship		
Company					Phone		
Address, City, State, & Zip							
Full Name					Relationship		
Company					Phone		
Address, City, State, & Zip							
Full Name					Relationship		
Company					Phone		
Address, City, State, & Zip							
Signature						Date	

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF INFORMATION REQUESTED ON THIS FORM IS GROUNDS FOR IMMEDIATE DISMISSAL. I AUTHORIZE MILLER EVENT MANGEMENT, INC TO THOROUGHLY INVESTIGATE MY REFERENCES AND WORK HISTORY AND FURTHER AUTHORIZE ALL PRIOR EMPLOYERS, EDUCATIONAL INSTITUTIONS OR REFERENCES TO DISCLOSE TO COMPANY ALND ALL INFORMATIONS RELATED TO MY WORK RECORD, SCHOOL OR EDUCATIONAL DEGREES AND ANY OTHER RELEVANT INFORMATION. I HEREBY RELEASE MILLER EVENT MANAGEMENT, INC, FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS, SOCIATIONS, EDUCATIONAL INSTITUTIONS FROM ANY AND ALL CLAIMS, DEMANDS, OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSUER. I UNDERSTAND THAT WEEKEND WORK, OVERTIME, CHANGES OF SCHEDULE AND LOCATION MY BE REQUIRED DURING MY EMPLOYMENT. FURTHER, I UNDERSTAND THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE, WITH OR WITHOUT CAUSE. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO ALL RULES, REGULATIONS AND POLICIES OF THIS COMPANY. NO MODIFICATION OF THESE STATEMENTS SHALL BE VALID UNLESS WRITTEN AND SIGNED BY THE COMPANY PRESIDENT.

DATE:

SIGNATURE:

AGREEMENT

I, the undersigned, understand that I am being considered as a potential employee of the company, and hereby certify that:

I agree that if I am hired, such hiring will not be for any definite period of time. Even though, if hired, I will be paid my wages on a monthly, semi-monthly, weekly or hourly basis, I understand that this does not mean I am being hired for a definite period of time.

I agree that if hired, I will be an employee at-will and I can be terminated at any time, with or without cause, with or without notice.

I agree that the at-will nature of the employment relationship cannot be changed except in a written document signed by the company president and myself.

I further represent that no representative of the company has made any promises or other statements to me, which imply that I will be employed on anything other than an at-will employment basis.

Signature

Date

Remarks for Company use only:

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