



Application For Employment

Print legibly in ink. Answer all questions. Read acknowledgement on back, sign and date.

General Information

Last Name	First	M.I.	Today's Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail		
Date Available	Age (if under 18)		
Position applied for	Referred by	Phone	
Why are you interested in this position			
What is your availability: ___ Weekdays ___ Weekends ___ Evenings ___ Days			
Desired Salary			
Which category do you prefer ___ Full Time ___ Part Time			
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company?	YES	NO	If yes: ___ Month ___ Year _____ Position held
Have you ever been terminated?	YES	NO	If yes, explain
Have you ever been convicted of a felony?	YES	NO	If yes, explain

Education

High School	City, State		
Did you graduate?	YES	NO	Degree
College	City, State		
Major	Did you graduate?	YES	NO Degree
Other	City, State		
Did you graduate?	YES	NO	Degree

Military Service

Branch	From	To
Rank at Discharge		

Professional Activities & Skills

List any professional, trade, business and civic activities and offices held
Describe any other experience and skills that would be beneficial as part of our team

Employment History/ Professional References

<u>Company</u>			City, State
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Supervisor			Email /Phone
May we contact your previous supervisor for a reference? YES NO			
<u>Company</u>			City, State
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Supervisor			Email /Phone
May we contact your previous supervisor for a reference? YES NO			
<u>Company</u>			City, State
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Supervisor			Email /Phone
May we contact your previous supervisor for a reference? YES NO			

Personal References

Full Name			Relationship
Title/ Company	Email	Phone ()	
Full Name			Relationship
Title/ Company	Email	Phone ()	
Full Name			Relationship
Title/ Company	Email	Phone ()	

Disclaimer & Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application form if I am considered for employment. I also understand that misrepresentation or omission of facts will be sufficient cause for immediate dismissal from the company. I authorize the checking of any references on matters of record listed on my application and release those providing the information from any liability whatsoever for issuing such information.

Signature	Date
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Please send to the Terrace View Event Center

230 St Andrews Way, Sioux Center, Iowa 51250

Office: 712.722.VIEW