



Lansing Entertainment & Public Facilities Authority

APPLICATION FOR EMPLOYMENT

The Authority is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Position applied for: _____

Date of application: _____

Please note that this application will only remain active for 6 months, after which the applicant would need to re-apply.

Date you can start: _____

Name: _____ Social Security #: _____

Last First Middle

Present address: _____

Street City State Zip

Permanent address: _____

Street City State Zip

Primary Phone: (____) _____ Work Phone: (____) _____

E-Mail Address: _____

Are you 18 years or older? Yes No

Are there any hours or days of the week you cannot work? Yes No
If so, when? _____

Salary Desired: _____ Type of Employment: Full-time Part-time

Are you currently employed? Yes No
If so, may we contact your present employer? Yes No

Have you ever been discharged from employment or asked to resign? Yes No
If so, please explain: _____

Have you ever applied to the Authority before? Yes No
If so, when? _____

Have you ever worked for the Authority before? Yes No
If so, under what name? _____ When? _____

Do you have relatives employed by the Authority? Yes No
If so, please list name(s) and relationship: _____



	NAME AND ADDRESS OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/MAJOR
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
SPECIALIZED TRAINING				

Do you have US military experience? Yes No Date entered: _____

Branch: _____ Rank: _____ Date discharged: _____ Honorably: _____

Are you lawfully entitled to be employed in the United States? Yes No

Have you ever been convicted of a crime except a minor traffic violation? Yes No
 If so, please state citation, date and place where offense occurred: _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application. _____

REFERENCES: Three individuals NOT related to you, whom you have known for at least one year

NAME	ADDRESS AND PHONE NO.	RELATIONSHIP	YEARS ACQUAINTED



LANSING ENTERTAINMENT & PUBLIC FACILITIES AUTHORITY

EMPLOYEE AVAILABILITY

Name: _____ Date: _____

Please enter from start to finish, the times you are available to work.

DAY	START TIME	END TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Comments: _____

CURRENT AND FORMER EMPLOYERS: (Most recent first)

DATE (MONTH/YEAR)	NAME, ADDRESS & PHONE NO. OF EMPLOYER	SALARY (STARTING/ENDING)	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

May we contact the employers listed? Yes No

If not, which one(s)? _____



Please read the following statement carefully before signing to indicate your understanding:

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Authority prior to the administration of the test so that a reasonable accommodation can be made. The Authority reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I understand that, if hired for this position, I may be required to work weekends and nights.

*I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those *specifically excepted, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.*

Date

Signature

*Employers specifically excepted: _____

FOR EMPLOYER USE ONLY

Interviewed by: _____ Date: _____ Hired: Yes No

Starting date: _____ Position: _____ Wage: _____

