



Ark Las Vegas Restaurant Corporation

For Office Use Only

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, sex, disability, citizenship, marital or veteran status, sexual orientation or any other legally protected status. Those applicants requiring a reasonable accommodation to the application process should notify a representative of the Human Resource Department.

(Please Print)

Date of Application:				
Last Name:		First Name:		Middle Name:
Home Telephone:		Mobile Telephone:		Email:
Street Address:			Apt #:	City:
			State:	Zip Code:
Health Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Exp. Date: _____ Sheriff's Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, #: _____ Exp. Date: _____ Alcohol Awareness Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Exp. Date: _____				

Position(s) applied for:		
1. _____	2. _____	
How did you hear about us?		
<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Job Board _____	<input type="checkbox"/> Employee Referral (Name) _____
<input type="checkbox"/> Friend or Relative _____	<input type="checkbox"/> Agency Referral (Name) _____	<input type="checkbox"/> Other (Please specify.) _____

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? Yes No
- Have you ever been employed with us before? Yes No
- Are any of your friends or relatives employed at Ark Las Vegas? Yes No If yes, state name, relationship and location: _____
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you legally authorized to work in the United States? Yes No
(Note: Proof of citizenship or immigration status will be required upon employment.)
- Do you prefer employment: Full Time Part Time
- On what date would you be available to begin work? _____
- Shift preference Day Swing Graveyard Any
- Are you able to work overtime as necessary? Yes No
- Are you currently on "lay-off" status and subject to recall? Yes No
- Do you have a reliable means of transportation to and from work? Yes No
- Do you have a driver's license? Yes No License #: _____ State: _____ Exp. Date: _____
- Are you able to perform the functions of the job for which you have applied with or without accommodation? Yes No

EDUCATION

	Name of School	Address	Course of Study	Years Completed	Diploma/ Degree
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments, part-time positions, self-employment, periods of unemployment and volunteer activities for the last ten years. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	<u>Dates Employed</u>		Job Title:
Address:	From: __/__/__	To: __/__/__	Work Performed:
Telephone #:	<u>Hourly Rate/Salary</u>		
Supervisor's Name and Title:	Starting: \$	Final: \$	
Reason for Leaving:			May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	<u>Dates Employed</u>		Job Title:
Address:	From: __/__/__	To: __/__/__	Work Performed:
Telephone #:	<u>Hourly Rate/Salary</u>		
Supervisor's Name and Title:	Starting: \$	Final: \$	
Reason for Leaving:			May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	<u>Dates Employed</u>		Job Title:
Address:	From: __/__/__	To: __/__/__	Work Performed:
Telephone #:	<u>Hourly Rate/Salary</u>		
Supervisor's Name and Title:	Starting: \$	Final: \$	
Reason for Leaving:			May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	<u>Dates Employed</u>		Job Title:
Address:	From: __/__/__	To: __/__/__	Work Performed:
Telephone #:	<u>Hourly Rate/Salary</u>		
Supervisor's Name and Title:	Starting: \$	Final: \$	
Reason for Leaving:			May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate any foreign languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

SPECIAL SKILLS

Computer skills:
Machinery:
Other skills applicable to position applied for:

REFERENCES *(Please do not include family members.)*

	Name	Address and Phone Number	Occupation	Years Known
1				
2				
3				

APPLICANT STATEMENT

I certify that the facts contained in the application are true to the best of my knowledge. I understand if I am offered employment, any false or misleading information or the omission of any information given during the application process will be considered a material misrepresentation and will result in the revocation of the employment offer or discharge, regardless of when the material misrepresentation was made or discovered. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that at any time during my employment, I may be required to take a drug or alcohol test, and to refuse may result in immediate termination.

PLEASE NOTE: IF YOU ARE OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO SUBMIT TO A POST-OFFER PRE-EMPLOYMENT DRUG TEST. IF YOU REFUSE TO BE TESTED, THE JOB OFFER WILL BE WITHDRAWN.

Signature of Applicant

Date

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Arrange Interview? Yes No