



**WASHINGTON  
PAVILION**

WASHINGTON PAVILION MANAGEMENT, INC.  
301 S. Main, Sioux Falls, SD 57104  
(605) 367-7397, fax: (605) 367-7399

# Application for Employment

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, sexual orientation, veteran status, or physical or mental disability which does not interfere with performance of essential job functions after reasonable accommodation, if any.

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone Number: (\_\_\_\_) \_\_\_\_\_ email address: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Would you prefer to work: Full Time  Part Time  Temporary  Salary or Hourly Rate Desired \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes  No  Are you under age 18? Yes  No

Proof of U.S. citizenship or immigration status will be required upon employment.

Have you ever been convicted of or pled guilty or no contest to any felony? Yes  No  If yes, explain \_\_\_\_\_

Are you a veteran? Yes  No

Disabled veteran? Yes  No

## EMPLOYMENT & VOLUNTEER HISTORY

Please list present or most recent employer first. Use separate sheet if necessary. If you used a different name with a previous employer, please let us know.

Present or Previous Employer		Dates of Employment From _____ to _____	
Address		Telephone (____) _____ May we Contact? Yes No	
Job Title and Duties		Supervisor's Name and Title	
Starting Salary/Wage	Ending Salary/Wage	Reason for Leaving	

Present or Previous Employer		Dates of Employment From _____ to _____	
Address		Telephone (____) _____ May we Contact? Yes No	
Job Title and Duties		Supervisor's Name and Title	
Starting Salary/Wage	Ending Salary/Wage	Reason for Leaving	

Present or Previous Employer		Dates of Employment From _____ to _____	
Address		Telephone (____) _____ May we Contact? Yes No	
Job Title and Duties		Supervisor's Name and Title	
Starting Salary/Wage	Ending Salary/Wage	Reason for Leaving	

Present or Previous Employer		Dates of Employment From _____ to _____	
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Starting Salary/Wage	Ending Salary/Wage	Reason for Leaving	

## EDUCATION

	Name and Location of School	Graduated? If so, list degree	Course or Major
High School			
Undergraduate College			
Graduate/ Professional			
Other (Specify)			

Please list any additional information that relates to your ability to perform the job for which you have applied, such as special training, machine operation, hobbies, languages, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PROFESSIONAL REFERENCES

Please give the names of three persons not related to you who you have known at least one year

Name and Address	Relationship (Friend, co-worker, employer, etc.)	Phone

**PLEASE READ CAREFULLY BEFORE SIGNING:**

I certify that all of the information contained in the application is true and correct. I understand that all of the information contained in the application is subject to verification by Washington Pavilion Management, Inc. That investigation may include contacting prior employers, checking any driving records, and a criminal record check. I understand that misrepresentation or omission of any facts on this application will cause it to be rejected, or if not discovered until after hire, will subject me to termination.

I further understand that nothing in this application or in the granting or conducting of an interview or tests is intended to create an employment contract of any kind. No promises regarding employment have been made to me, and I understand that no such promise would be binding unless made in writing and signed by an officer of the company.

If I am employed, I agree that I am employed "at will," that it is not for any definite period of time, and that my employment may be terminated by me or by Washington Pavilion Management, Inc. at any time, for any legal reason, with or without notice or progressive discipline.

**AUTHORIZATION FOR REFERENCE REQUESTS:**

I have applied for a position with Washington Pavilion Management, Inc.(WPMI). I authorize investigation of all information as may be necessary in arriving at an employment decision. I authorize WPMI, or its representatives, to contact any professional reference, current or former employer, or education provider for job-related information. I release the organizations and individuals supplying such information from any and all liability associated with providing the information requested. A photocopy or fax of this authorization shall be as valid as the original. This authorization expires 60 days from the date of my signature.

Signature \_\_\_\_\_

Date \_\_\_\_\_