

Employment Application



Date of Application _____

Position Applied for: Full Time Part Time

Management Bartender Wait-staff Security

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, or disability.

Name _____ Social Security No. _____
Last First Middle Initial

Present Address _____
No. Street City State Zip Code

How long have you lived at this address? _____ Telephone No. (____) _____

How did you learn about this position? _____

AVAILABILITY

List hours available to work per week:

Check here if available anytime.

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

How many hours per week would you like to work? _____ Rate of pay expected \$ _____ per _____

Are you legally entitled to work in the United States? Yes No

Have you worked for any Images before? Yes No If so, where/when? _____

Do you have any relatives or friends working for Images? Yes No

If yes, state relationship to you and location of employment _____

EDUCATIONAL BACKGROUND

Name & Address of School	From		To		Yrs Completed	Field of Study	Graduate or Degree
	Mo	Yr	Mo	Yr			

List any special skills education and training _____

BACKGROUND

Are you 18 years of age or older? Yes No If no, Date of Birth? _____

Have you ever been convicted of a felony?

Yes No

Have you been convicted of any crime, excluding misdemeanors?

Yes No

Have you been convicted of any crime involving violence to another person?

Yes No

Have you been convicted of any crime involving dishonesty?

Yes No

Are you serving probation for any misdemeanor offense?

Yes No

Have you ever been counseled or disciplined for cash handling violations?

Yes No

Have you ever been counseled or disciplined for being late or absent from work or school?

Yes No

If you answered YES to any of the above, describe in full. _____

PERSONAL REFERENCES

Name and Address	Relationship	Phone Number

Can you perform the essential functions of this job, with or without accommodations? Yes No If no, please describe in full. (Refer to job posting/description if necessary) _____

PRIOR WORK EXPERIENCE

(Please list most recent employment first. Please note any employers that we CANNOT contact.)

Name, Address & Phone # of Company	Employed From		Employed To		Last Position Held Title / Duties	Starting Wage / Salary	Ending Wage / Salary	Reason for Leaving	Supervisor's Name
	Mo	Yr	Mo	Yr					

I certify that all statements made in this application are true and complete and authorize Images to investigate all statements made from all prior employer's, references and law enforcement agencies. I hereby release all those persons, employers, references, agencies and Images from any and all liability arising from their giving or receiving information about my employment history, qualifications or criminal record. I further authorize Images to conduct whatever background checks or to obtain whatever consumer reports are necessary or appropriate to either verify information provided by me on this application or in interviews relating to prospective employment, or to verify any material change in my background at any time during my employment. In the event that my employment is rejected or terminated by Images based on a report I received from such a background check, I understand I will receive a full copy of such report and a written description of my rights, and will have an opportunity to dispute the accuracy of the information included in such report.

I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during employment.

I understand that any false answers or statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I am employed.

I understand that nothing in this employment application, in Images statements of personal policies or in my communication with and employee or official is intended to create an employment contact between Images and me, and that my employment with the company is entered into voluntarily, and that I may resign at any time. Similarly, my employment may be terminated with or without cause at any time without prior notice.

I hereby acknowledge that I have read and understand the preceding statement.

Signature _____ Date _____