

WYOMING ENTERTAINMENT, LLC AND SUBSIDIARIES

APPLICATION FOR EMPLOYMENT

Prospective Employees will receive consideration without discrimination because of race, creed color, sex, age, national origin, handicap or veteran status.

Position(s) Applied For _____	How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____
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P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you of the legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other special training, professional licenses or skills (machine operations, etc)			When will you be available to begin work _____

	School	Name and Location of School	Course of Study	No. Of Years Completed	Did you Graduate?	Degree or Diploma
E D U C A T I O N	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Microsoft Excel	Production/Mobile	
<input type="checkbox"/> PBX System	<input type="checkbox"/> Microsoft Word	Machinery (list):	Other (list):
<input type="checkbox"/> Calculator	<input type="checkbox"/> Power Point	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect	_____	_____
<input type="checkbox"/> Transcriber	<input type="checkbox"/> Other	_____	_____

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

	Fluent	Good	Fair
Speak			
Read			
Write			

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

1.- Name: _____
 Address: _____ Phone # _____
 () _____

2.- Name: _____
 Address: _____ Phone # _____
 () _____

3.- Name: _____
 Address: _____ Phone # _____
 () _____

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination based on age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap.

<input checked="" type="checkbox"/>	Provide dates you attended school:		
	High School	College	Other (give Name and Dates)
	From To	From To	From To
<input checked="" type="checkbox"/>	Are you a U.S. Citizen?	<input checked="" type="checkbox"/> Sex	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input checked="" type="checkbox"/>	What was your previous address?		<input checked="" type="checkbox"/> How long at present address:
			_____ Years
			<input checked="" type="checkbox"/> How long at previous address:
			_____ Years
<input checked="" type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over 18 years of age ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes," with what employers?	If not, employment is subject to verification of age.	
<input checked="" type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.		

Please Read and Sign Below

I hereby certify that I have not knowingly withheld any information and that the answers given by me are true and correct to be the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Wyoming Entertainment LLC and Subsidiary Companies (the "Company"), to thoroughly investigate my references, work records, education and other matters related to my suitability for employment, and further, authorize my former employers to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

T E S T R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W R E S U L T S	Interviewer Name and Comments

Interviewer Name: _____ *Date:* _____