

EMPLOYMENT APPLICATION



DATE ___/___/___

PERSONAL INFORMATION

*** = Required fields** **We cannot process your application without this information.**

*Last Name	*First Name	*Middle Name
*Current Address	*City	*State * Zip
*Home Phone Number	*Alternate Phone Number	*E-mail Address
*Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT INFORMATION

*Position Desired:	*Salary Requirement:
*Are you seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Occasional Work	
*What shifts can you work? <input type="checkbox"/> Any shift <input type="checkbox"/> Day shift <input type="checkbox"/> Night shift <input type="checkbox"/> Weekend <input type="checkbox"/> Holidays	
*Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, when would you be able to start? _____	
*Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When?	

EDUCATION

High School / GED	Degree/Area of Study	Years Attended	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College	Degree/Area of Study	Years Attended	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate College	Degree/Area of Study	Years Attended	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business, Trade, Or Technical	Degree/Area of Study	Years Attended	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Arena Operating Company is an equal opportunity employer. We do not discriminate in hiring or terms and conditions of employment because of an individual's race, color, age, sex, marital status, religion, disability, national origin or sexual orientation.

List prior employment starting with your most recent position. Account for any time during this period that you were unemployed by stating that you were unemployed and the nature of your activities during that time.

PREVIOUS EMPLOYMENT	
*Company:	Address:
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Beginning Salary \$ _____	Ending Salary \$ _____
Dates of Employment: Beginning: _____	Ending: _____
Reason for Leaving: _____	
Job Title: _____	
Job Duties: _____	
Supervisor's Name: _____	Phone: _____

PREVIOUS EMPLOYMENT	
*Company:	Address:
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Beginning Salary \$ _____	Ending Salary \$ _____
Dates of Employment: Beginning: _____	Ending: _____
Reason for Leaving: _____	
Job Title: _____	
Job Duties: _____	
Supervisor's Name: _____	Phone: _____

PREVIOUS EMPLOYMENT	
*Company:	Address:
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Beginning Salary \$ _____	Ending Salary \$ _____
Dates of Employment: Beginning: _____	Ending: _____
Reason for Leaving: _____	
Job Title: _____	
Job Duties: _____	
Supervisor's Name: _____	Phone: _____

* Have you been discharged from a job or forced to resign? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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RELATIVES CURRENTLY WORKING FOR ARENA OPERATING COMPANY

Name	Relationship	Position
Name	Relationship	Position

PROFESSIONAL REFERENCES

Name	Address	Phone	Occupation
Name	Address	Phone	Occupation
Name	Address	Phone	Occupation

MILITARY SERVICE

Were you in the armed forces? Yes No If yes, what branch? _____
Dates of Duty: _____ *Type of Discharge _____ (*Copy of DD214))

MISCELLANEOUS

Have you ever been convicted of, placed on probation, pled no contest, received deferred adjudication, or are you now under pending investigation or charges of criminal law violation or charges by a state or regulatory agency? Failure to disclose may result in a hiring rejection or revocation of an offer.
 Yes No **If yes, explain:** _____

If yes, explain, giving the nature of the offense, date of your sentence, parole, probation, deferred adjudication and/or supervised release ending. A "Yes" will not necessarily disqualify you from employment. _____

Have you ever used or gone by another name or alias? Give name(s) and explain: _____

CONDITIONS OF EMPLOYMENT

I certify that the information contained in this application is correct to the best of my knowledge and belief. I understand that any false statements, omissions, or false implications made by me on this application or other required documents shall be grounds for denial of employment or immediate discharge.

I understand that it is the Arena Operating Company's ("Company") policy to eliminate drug and alcohol abuse in the workplace and that mandatory drug screening is necessary to accomplish this policy. Therefore, I understand and agree that as a condition of employment, I will fully comply with the requirements of the company's Drug Free Workplace policy, including but not limited to pre-employment, post accident, and reasonable suspicion drug testing. I further agree that if requested, I will take a post-offer, job-related physical examination to determine my fitness for duty and employment.

I authorize the Company to investigate any and all information contained in this employment application concerning my previous employment, education and qualifications for employment. I authorize each of the companies, corporations, educational institutions and other organizations listed on this application to provide information requested the Company and I release all parties from any liability they may incur as a result of disclosing such information.

I agree to conform to the rules and regulations of the Company. I acknowledge that these regulations may be changed, withdrawn, added to or interpreted at any time, at the Company's discretion and without prior notice. I understand that this application is not a contract for employment and that my employment is at-will, such that I or the Company may terminate my employment at any time, for any reason or for no reason at all. I further understand no modification of the at-will nature of my employment is valid unless it is in writing and signed by the Company's president.

I have read and understand this agreement.

Signature: _____ Date _____

AUTHORIZATION AND RELEASE FOR BACKGROUND INFORMATION

I, _____
LAST NAME (PLEASE INCLUDE Jr., Sr., II,III, etc.) FIRST NAME MIDDLE NAME

Understand that in conjunction with my application for employment, Arena Operating Company (“Company”) will use the services of a third party consumer reporting agency (“Agency”) to research and verify information I have provided on my application for employment, including my personal background, character, work history and qualifications. Various sources of information will be utilized to conduct the research, including but not limited to: reports from consumer reporting agencies; Worker’s Compensation records; Department of Motor Vehicle records; state and federal criminal conviction records; references from current and former employers, military and education institutions, and personal references. I authorize and consent to the release and disclosure of any and all information including but not limited to the items described above to the Company and the agency that conducts the research. Upon completion of its research, the Agency will provide the Company with an Investigative Consumer Report (“Report”).

I further understand that this Report may include but not be limited to social security number verification, records from previous employers, Workers’ Compensation records, educational records, licensing / certification verifications, personal references, credit history, previous addresses, motor vehicle history, military service, and public records related to criminal history and sex offender registries (including convictions, deferred adjudications, probated sentences, outstanding warrants, and other types of charges).

By signing below, I voluntarily authorize and consent to the release, disclosure, and procurement of this Report. This consent will also extend to the procurement of other Reports that may be necessary in the future for any employment-related purpose. Employment-related purposes include the retention, promotion, and reassignment of qualified personnel. According to the Fair Credit Reporting Act, I will be notified if employment is denied due to information obtained from a consumer-reporting agency. Additionally, I understand that I will be provided with a copy of the Report, a statement of my consumer rights, and the name and address of the Agency that provided the Report, should I wish to obtain further information about the Report or to contest its accuracy.

I HEREBY RELEASE AND HOLD HARMLESS FROM ALL LIABILITY ANY INDIVIDUAL, EDUCATIONAL INSTITUTION, OR OTHER ENTITY, INCLUDING ARENA OPERATING COMPANY, ITS OFFICERS, EMPLOYEES AND AGENTS THAT REQUEST OR SUPPLY ANY INFORMATION ABOUT ME ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE-MENTIONED INFORMATION OR REPORTS RELATED TO MY APPLICATION FOR EMPLOYMENT OR CONTINUED EMPLOYMENT.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS FOR POSITIVE IDENTIFICATION PURPOSES. THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signature

Date

Printed Name

Position Applied For

_____-_____-_____
Social Security Number

____/____/____
Date of Birth

Driver’s License Number

State

Other names you have used or gone by (include maiden names): _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address:	Street	Apt.#	City	State	Zip	How long?
Former Address:	Street	Apt.#	City	State	Zip	How long?
Former Address:	Street	Apt.#	City	State	Zip	How long?
Former Address:	Street	Apt.#	City	State	Zip	How long?



Voluntary Identification Form

Dear Applicant:

The following information is voluntary and requested only to comply with federal reporting requirements. The intent of this survey is to ensure that our recruitment efforts are resulting in a diverse workforce. This information will not be shared or disclosed with any hiring managers. If you are hired, this information will be included in an annual report that is submitted to the Equal Employment Opportunity Commission. Thank you for your assistance.

Name	Today's Date
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Position for which you are applying?	
<p style="text-align: center;">RACE / ETHNICITY (Mark Only One)</p> <p><input type="radio"/> White – Not Hispanic or Latino</p> <p><input type="radio"/> Black or African American (Not Hispanic or Latino)</p> <p><input type="radio"/> Hispanic or Latino</p> <p><input type="radio"/> Asian (not Hispanic or Latino)</p> <p><input type="radio"/> Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)</p> <p><input type="radio"/> American Indian/Alaskan Native (Not Hispanic or Latino)</p> <p><input type="radio"/> Two or More Races (Not Hispanic or Latino)</p>	<p style="text-align: center;">Are you a military veteran of any branch of the Armed Services?</p> <p><input type="radio"/> YES _____ Name of Branch</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Dates of Service Or Copy of DD214</p> <p><input type="radio"/> NO</p>
<p>How did you hear about this opening?</p> <p><input type="radio"/> American Airlines Center Web Site <input type="radio"/> NBA Web Site <input type="radio"/> Other Web Site</p> <p><input type="radio"/> American Airlines Center Job Fair <input type="radio"/> Other Job Fair</p> <p><input type="radio"/> Referred by Friend or Employee (Please Identify): _____</p> <p><input type="radio"/> Local Newspaper Ad</p> <p><input type="radio"/> College / University / School (Please identify) _____</p> <p><input type="radio"/> Placement Agency</p> <p><input type="radio"/> IAAM</p> <p><input type="radio"/> Walk In</p> <p><input type="radio"/> American Airlines Center Internship Program</p> <p><input type="radio"/> Other (Please Identify): _____</p>	