



The SunnyBrook Ballroom

APPLICATION FOR EMPLOYMENT

Please return completed application to SunnyBrook Ballroom during business hours or via email to marketing@thesunnybrook.com.

An Equal Opportunity Employer: We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

NAME: LAST	FIRST	MIDDLE	DATE
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ADDRESS: NUMBER, STREET, RFD, ETC.

CITY OR TOWN	STATE	ZIP	DRIVERS LICENSE NO. (If applicable)
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PHONE: AREA CODE, NUMBER	CELL PHONE:
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APPLYING FOR: (GIVE SPECIFIC JOB TITLE)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	DATE AVAILABLE :	DO YOU OBJECT TO SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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WORK HISTORY: LIST ALL EMPLOYMENT DURING THE PAST FIVE YEARS IN REVERSE ORDER STARTING WITH LAST OR PRESENT EMPLOYER, INCLUDE PART-TIME, TEMPORARY, AND VOLUNTEER WORK. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT. YOU MUST COMPLETE THIS EVEN IF YOU ATTACH A RESUME.

1	EMPLOYER NAME	PHONE: AREA CODE, NO.
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ADDRESS	NUMBER & STREET	CITY OR TOWN	STATE	ZIP
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SUPERVISOR'S NAME & TITLE	DATE HIRED	DATE TERMINATED
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PAY:	REASON FOR LEAVING	POSITION
Start \$ End \$		

SPECIFIC DUTIES

2	EMPLOYER NAME	PHONE: AREA CODE, NO.
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ADDRESS	NUMBER & STREET	CITY OR TOWN	STATE	ZIP
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SUPERVISOR'S NAME & TITLE	DATE HIRED	DATE TERMINATED
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PAY:	REASON FOR LEAVING	POSITION
Start \$ End \$		

SPECIFIC DUTIES

3	EMPLOYER NAME	PHONE: AREA CODE, NO.
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ADDRESS	NUMBER & STREET	CITY OR TOWN	STATE	ZIP
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SUPERVISOR'S NAME & TITLE	DATE HIRED	DATE TERMINATED
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PAY:	REASON FOR LEAVING	POSITION
Start \$ End \$		

SPECIFIC DUTIES

REFERENCES: Please provide three professional, non-related, references with full contact information.

Name	Relationship	Company	Address	Phone Number

EDUCATION:

TYPE:	SCHOOL NAME & LOCATION:	COURSE OF STUDY/DEGREE:	# YEARS COMPLETED:
HIGH SCHOOL			
TRADE SCHOOL VOCATIONAL BUSINESS			
COLLEGE UNIVERSITY			
GRADUATE SCHOOL			

OTHER SPECIAL TRAINING OR EDUCATION

WHAT MACHINES OR EQUIPMENT CAN YOU OPERATE THAT RELATE TO THE JOB FOR WHICH YOU ARE APPLYING?

WOULD YOU RELOCATE, IF NECESSARY? WHAT SALARY DO YOU EXPECT?

ADDITIONAL INFORMATION:

1 ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

2 HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR?) (Include any plea of "guilty" or "no contest." Exclude traffic violations that do not include drugs or alcohol.) YES NO

If "Yes," state the nature of the crime (s), when and where convicted and disposition of the case.

3 HOW WERE YOU REFERRED TO THIS POSITION? (AD SOURCE, NAME OR AGENCY)

If you know someone who works here, please list their name:

4 HAVE YOU EVER WORKED FOR OR APPLIED TO SUNNYBROOK LLC FOR EMPLOYMENT BEFORE? YES NO

If "Yes," give date, location, and type of work.

5 IS THERE ANY LEGAL REASON WHY YOU CANNOT BE EMPLOYED IN THIS COUNTRY? YES NO

If "Yes," give details.

6 FOR DRIVING JOBS ONLY: Do you have a valid driver's license? YES NO

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? YES NO

If "Yes," give details:

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination and background check. I hereby consent to a pre- and/or post-employment drug screen and background check as a condition of employment, if required. I understand that I shall not become an employee of SunnyBrook LLC until I have signed a Non-Disclosure Agreement, Patent Contract, Policies and Procedures form, and Ethics Acknowledgement Form.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements. DATE SIGNED

SIGNATURE

-----DO NOT WRITE BELOW THIS LINE-----

Interview By _____ Date _____

Remarks

Neatness		Character		
Personality		Ability		
Hired	For Dept	Position	Will Report	Salary Wages

Approved: _____ 2. _____ 3. _____
Employment manager Department Head General Manager