



# Ark Las Vegas Restaurant Corporation

## EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, sex, disability, citizenship, marital or veteran status, sexual orientation or any other legally protected status. Those applicants requiring a reasonable accommodation to the application process should notify a representative of the Human Resource Department.

TO SUBMIT APPLICATION, SAVE THE COMPLETED DOCUMENT THEN EMAIL IT AS AN ATTACHMENT TO: ARKVEGASHR@HOTMAIL.COM

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Name(s):</b>	
<b>Social Security #:</b>		<b>Telephone #(s):</b>			
<b>Street Address:</b>			<b>Apt #:</b>	<b>City:</b>	<b>State:</b>
<b>Health Card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No -If yes, Exp. Date: _____					
<b>Sheriff's Card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No -If yes, #: _____ Exp. Date: _____					
<b>Alcohol Awareness Card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No -If yes, Exp. Date: _____					

<b>Position(s) applied for:</b> 1. _____ 2. _____	<b>Date of application:</b>
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<b>How did you hear about us?</b>		
<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Job Board _____	<input type="checkbox"/> Employee Referral (Name) _____
<input type="checkbox"/> Friend or Relative _____	<input type="checkbox"/> Agency Referral (Name) _____	<input type="checkbox"/> Other (Please specify.) _____

- If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No
- Have you ever filed an application with us before?  Yes  No
- Have you ever been employed with us before?  Yes  No
- Do any of your friends or relatives work here?  Yes  No If yes, state name, relationship and location:  
\_\_\_\_\_
- Are you currently employed?  Yes  No
- May we contact your present employer?  Yes  No
- Are you legally authorized to work in the United States?  Yes  No  
*(Note: Proof of citizenship or immigration status will be required upon employment.)*
- Do you wish employment:  Full Time  Part Time
- On what date would you be available for work? \_\_\_\_\_
- Shift preference?  Day  Swing  Graveyard  Any
- Are you willing to work overtime as necessary?  Yes  No
- Are you currently on "lay-off" status and subject to recall?  Yes  No
- Have you ever been convicted of a crime excluding traffic violations?  Yes  No If yes, please list all dispositions, charges, cities, and dates: \_\_\_\_\_  
*(Note: A conviction record will not necessarily be a bar to employment. This information is solely used for job-related purposes and only to the extent permitted by law.)*
- Do you have a reliable means of transportation to and from work?  Yes  No
- Do you have a driver's license?  Yes  No License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Are you able to perform the functions of the job for which you have applied with or without an accommodation?  
 Yes  No

## EDUCATION

	Name of School	Address	Course of Study	Years Completed	Diploma/ Degree
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments, part-time positions, self-employment, periods of unemployment and volunteer activities for the last ten years. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>Employer:</b>	<b><u>Dates Employed</u></b>		<b>Work Performed:</b>
<b>Address:</b>	<b>From:</b> __/__/__	<b>To:</b> __/__/__	
<b>Telephone #:</b>	<b><u>Hourly Rate/Salary</u></b>		
<b>Supervisor's Name and Title:</b>	<b>Starting:</b> \$	<b>Final:</b> \$	
<b>Reason for Leaving:</b>			

<b>Employer:</b>	<b><u>Dates Employed</u></b>		<b>Work Performed:</b>
<b>Address:</b>	<b>From:</b> __/__/__	<b>To:</b> __/__/__	
<b>Telephone #:</b>	<b><u>Hourly Rate/Salary</u></b>		
<b>Supervisor's Name and Title:</b>	<b>Starting:</b> \$	<b>Final:</b> \$	
<b>Reason for Leaving:</b>			

<b>Employer:</b>	<b><u>Dates Employed</u></b>		<b>Work Performed:</b>
<b>Address:</b>	<b>From:</b> __/__/__	<b>To:</b> __/__/__	
<b>Telephone #:</b>	<b><u>Hourly Rate/Salary</u></b>		
<b>Supervisor's Name and Title:</b>	<b>Starting:</b> \$	<b>Final:</b> \$	
<b>Reason for Leaving:</b>			

<b>Employer:</b>	<b><u>Dates Employed</u></b>		<b>Work Performed:</b>
<b>Address:</b>	<b>From:</b> __/__/__	<b>To:</b> __/__/__	
<b>Telephone #:</b>	<b><u>Hourly Rate/Salary</u></b>		
<b>Supervisor's Name and Title:</b>	<b>Starting:</b> \$	<b>Final:</b> \$	
<b>Reason for Leaving:</b>			

<b>Employer:</b>	<b><u>Dates Employed</u></b>		<b>Work Performed:</b>
<b>Address:</b>	<b>From:</b> ___/___/___	<b>To:</b> ___/___/___	
<b>Telephone #:</b>	<b><u>Hourly Rate/Salary</u></b>		
<b>Supervisor's Name and Title:</b>	<b>Starting:</b> \$	<b>Final:</b> \$	
<b>Reason for Leaving:</b>			<b>May we contact your employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer:</b>	<b><u>Dates Employed</u></b>		<b>Work Performed:</b>
<b>Address:</b>	<b>From:</b> ___/___/___	<b>To:</b> ___/___/___	
<b>Telephone #:</b>	<b><u>Hourly Rate/Salary</u></b>		
<b>Supervisor's Name and Title:</b>	<b>Starting:</b> \$	<b>Final:</b> \$	
<b>Reason for Leaving:</b>			<b>May we contact your employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer:</b>	<b><u>Dates Employed</u></b>		<b>Work Performed:</b>
<b>Address:</b>	<b>From:</b> ___/___/___	<b>To:</b> ___/___/___	
<b>Telephone #:</b>	<b><u>Hourly Rate/Salary</u></b>		
<b>Supervisor's Name and Title:</b>	<b>Starting:</b> \$	<b>Final:</b> \$	
<b>Reason for Leaving:</b>			<b>May we contact your employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer:</b>	<b><u>Dates Employed</u></b>		<b>Work Performed:</b>
<b>Address:</b>	<b>From:</b> ___/___/___	<b>To:</b> ___/___/___	
<b>Telephone #:</b>	<b><u>Hourly Rate/Salary</u></b>		
<b>Supervisor's Name and Title:</b>	<b>Starting:</b> \$	<b>Final:</b> \$	
<b>Reason for Leaving:</b>			<b>May we contact your employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer:</b>	<b><u>Dates Employed</u></b>		<b>Work Performed:</b>
<b>Address:</b>	<b>From:</b> ___/___/___	<b>To:</b> ___/___/___	
<b>Telephone #:</b>	<b><u>Hourly Rate/Salary</u></b>		
<b>Supervisor's Name and Title:</b>	<b>Starting:</b> \$	<b>Final:</b> \$	
<b>Reason for Leaving:</b>			<b>May we contact your employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

If you need additional space, please continue on a separate sheet of paper.

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

FLUENT		GOOD	FAIR
Speak			
Read			
Write			

**SPECIAL SKILLS**

Computer Skills:
Machinery:
Other Skills applicable to position applied for:

**REFERENCES** *(Do not include family members or past supervisors.)*

	Name	Address and Phone Number	Occupation	Years Known
1				
2				
3				

**APPLICANT'S STATEMENT**

I certify that the facts contained in the application are true to the best of my knowledge. I understand that if I am offered employment, any false or misleading information or the omission of any information given during the application process will be considered a material misrepresentation and will result in the revocation of the employment offer or discharge, regardless of when the material misrepresentation was made or discovered. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that at any time during my employment, I may be required to take a drug or alcohol test, and to refuse may result in immediate termination. This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire whether or not applications are being accepted at that time.

PLEASE NOTE: IF YOU ARE OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO SUBMIT TO A POST-OFFER PRE-EMPLOYMENT DRUG TEST. IF YOU REFUSE TO BE TESTED, THE JOB OFFER WILL BE WITHDRAWN.

\_\_\_\_\_  
Signature of Applicant (will be completed at interview)

\_\_\_\_\_  
Date

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**For Office Use Only**

Arrange Interview?  Yes  No