

Rainbow Management Group, LLC & Rainbow Venues & Concessions, LLC Employment Application

Rainbow Management Group, LLC (RMG) and Rainbow Venues & Concessions, LLC (RVC) are equal opportunity employers, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data:

FIRST NAME	MIDDLE NAME	LAST NAME	
STREET ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	DAYTIME TELEPHONE NUMBER	TODAYS DATE	
SOCIAL SECURITY NUMBER			

Are you at least 18 years of age or older? YES NO

Have you ever been convicted of a crime? YES NO

If "yes", please explain in detail: _____

Position Preferences:

For what positions are you applying for? _____

Salary desired: \$____.____ per _____ (Specify Hour, Week, Year)

Schedule Desired: Full Time Part Time Seasonal # of Hours Per Week: _____

Could you work overtime? YES NO

What date could you start work? _____

AVAILABILITY

<i>DAY</i>	<i>FRIDAY*</i>	<i>SATURDAY*</i>	<i>SUNDAY*</i>	<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>
<i>START TIME</i>							
<i>END TIME</i>							

(*)= Most positions require availability of Friday, Saturday, & or Sunday.

Education:

High School:

School Name: _____

City & State: _____

Degree: _____ # of Years Completed: _____ GPA: _____

List and certificates earned or in progress, and/or any additional training programs not included in your formal education.

Previous Employment:

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current/Most Recent Employer: _____

City: _____ State: _____ Phone: _____

Supervisor's Name & Title: _____

Your Position Title: _____

Reason for Leaving: _____

Salary: \$ _____ . _____ per Hour Day Week Month Year (Circle One)

Dates of Employment: From: _____ To: _____

May We Contact this Employer?: YES NO

Previous Employer: _____

City: _____ State: _____ Phone: _____

Supervisor's Name & Title: _____

Your Position Title: _____

Reason for Leaving: _____

Salary: \$ _____ . _____ per Hour Day Week Month Year (Circle One)

Dates of Employment: From: _____ To: _____

May We Contact this Employer?: YES NO

Previous Employer: _____

City: _____ State: _____ Phone: _____

Supervisor's Name & Title: _____

Your Position Title: _____

Reason for Leaving: _____

Salary: \$ _____ . _____ per Hour Day Week Month Year (Circle One)

Dates of Employment: From: _____ To: _____

May We Contact this Employer?: YES NO

Releases and Applicant's Signature:

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility from doing so. I hereby consent to obtaining the above information from RMG or RVC and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

INITIAL HERE

All hiring and employment at RMG and/or RVC is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by RMG and/or RVC has no specific term and may be terminated by the employee or RMG and/or RVC with or without notice. I acknowledge that RMG and/or RVC has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with RMG and/or RVC, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to RMG and/or RVC. I agree to release and hold harmless RMG and/or RVC from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with RMG and/or RVC may be terminated.

Applicant's Signature

DATE

REVISED: 3-12-19 BT

Rainbow Management Group, LLC
&
Rainbow Venues & Concessions, LLC
Application References

Directions for use:

When filling out this form please make sure to include the Name, Address, Daytime & Evening Telephone and the Relationship to you of all your references. Also include how long you have known this person. You may use **ONLY** one relative. The other three must be none related to you.

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DAYTIME PHONE: () - _____
EVENING PHONE: () - _____
HOW LONG HAVE YOU KNOW THIS PERSON: _____
WORK OR PERSONAL REFERENCE: _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DAYTIME PHONE: () - _____
EVENING PHONE: () - _____
HOW LONG HAVE YOU KNOW THIS PERSON: _____
WORK OR PERSONAL REFERENCE: _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DAYTIME PHONE: () - _____
EVENING PHONE: () - _____
HOW LONG HAVE YOU KNOW THIS PERSON: _____
WORK OR PERSONAL REFERENCE: _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DAYTIME PHONE: () - _____
EVENING PHONE: () - _____
HOW LONG HAVE YOU KNOW THIS PERSON: _____
WORK OR PERSONAL REFERENCE: _____