

Blue Moon Event Staffing Application for Contractors

Download, complete & email to: linda@bluemoonstaff.com Cell: 214-534-3746



It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications. Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

Blue Moon Event Staffing	Position applying for
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PERSONAL DATA			
Name (First, Last, Middle)			
Street Address or Mailing Address		City	State Zip
Cellular Telephone Number	Other Telephone Number	Email Address	
Social Security Number	Date you can start work	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If selected for employment, are you willing to submit to a background check (credit check and criminal history) and drug test? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a valid Texas Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Texas Driver's License Number		Do you have your own transportation to work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, do you have a valid Green Card or Employment Authorization Document (EAD) and you will need to provide a copy Yes <input type="checkbox"/> No <input type="checkbox"/>	
You must provide your TABC and Food Handlers License numbers and expiration dates. Please provide a copy of all Licenses <u>License Type:</u> <u>License Number</u> <u>Expiration Date</u>		Other Food License numbers and expiration date <u>Type</u> <u>Number</u> <u>Expiration Date</u>	
What Languages do you speak? English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>		Specify other Language here	
Emergency Contact Name Relationship		Emergency Contact Number	

POSITION INFORMATION Check all that you are willing to work		
Hours Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Days <input type="checkbox"/> Evenings <input type="checkbox"/>	Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/>
Have you ever been convicted of a Felony? (Convictions will not necessarily disqualify an applicant for employment) If yes, please explain Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you been told the essential functions of the job or have you viewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can you perform these essential functions of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EDUCATION			
	School Name	Degree	Address / City / State
School			
School			
Other			
SPECIAL SKILLS List any special skills or experience that you feel would help you in the position you are applying for (leadership, organizations, teams, etc.)			
REFERENCES, Please list three professional references, not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references			
Name	Address/City/State	Phone	Relationship
WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)			
JOB TITLE #1		Start Date (mo/day/year)	End Date (mo/day/year)
Company Name		Supervisor's Name	Phone Number
City	State	Zip	Starting Salary
Ending Salary			
Duties			
Reason for Leaving			
JOB TITLE #2		Start Date (mo/day/year)	End Date (mo/day/year)
Company Name		Supervisor's Name	Phone Number
City	State	Zip	Starting Salary
Ending Salary			
Duties			
Reason for Leaving			

I hereby certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The Employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature	Date
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Email completed application to linda@bluemoonstaff.com