

Gingers and The Hub - Employment Application Form



Gingers
 925 W 22nd Street
 Cedar Falls, IA 50613
 319-266-2360
 www.gingerscf.com

The HuB Live, LLC
 406 Main Street
 Cedar Falls, IA 50613
 319-266-2360
 www.thehublivemusic.com



APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

| |
|---|
| DATE _____ |
| Name _____ <small style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Last First Middle Maiden </small> |
| Address _____ <small style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Number Street City State Zip </small> |
| Telephone: (_____) _____ Social Security No. _____ - _____ - _____ |
| Days/Hours available to work: No Preference: _____ Mon: _____ Tues: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____ Sun: _____ Position applied for: _____ |
| If under 18, please list age _____ E-mail: _____ |

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------|----------------|----------|---------------------------|----------------|
| High School | | | | |
| College | | | | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

| | |
|--|------------------------|
| Please list two references other than relatives or previous employers. | |
| Name _____ | Name _____ |
| Position _____ | Position _____ |
| Company _____ | Company _____ |
| Address _____ | Address _____ |
| | |
| Telephone (____) _____ | Telephone (____) _____ |

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty: _____ Date Entered: _____ Discharge Date: _____ Honorable?: Yes No

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| | | | |
|---|----------------------------|--------------------------|------------------------------|
| Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number:(_____) _____ | Name of last supervisor | Employment dates | Pay or salary |
| | | From: _____ To: _____ | Start: _____ Final: _____ |
| | Your Last Job Title: _____ | | |
| Reason for leaving (be specific): _____ | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____ _____ | | | |

| | | | |
|---|----------------------------|--------------------------|------------------------------|
| Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number:(_____) _____ | Name of last supervisor | Employment dates | Pay or salary |
| | | From: _____ To: _____ | Start: _____ Final: _____ |
| | Your Last Job Title: _____ | | |
| Reason for leaving (be specific): _____ | | | |
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| | | | |
|---|----------------------------|--------------------------|------------------------------|
| Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number:(_____) _____ | Name of last supervisor | Employment dates | Pay or salary |
| | | From: _____ To: _____ | Start: _____ Final: _____ |
| | Your Last Job Title: _____ | | |
| Reason for leaving (be specific): _____ | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____ _____ | | | |

May we contact your present employer? Yes No

Emergency Contact Person: _____

Telephone: (_____) _____

Address: _____

Relationship: _____

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

Please print and sign.

Signature: _____

Date: _____

After signing, save and e-mail this application to

Gingers: info@gingerscf.com

The Hub: marcus@thehublivemusic.com

OR

Drop off at The Hub - 406 Main Street, Cedar Falls