



1700 Parkway Drive
 Waite Park, MN 56387
 Phone: 320-640-6701
 Email: info@theledgeamp.com
 Website: www.theledgeamp.com

| General Information | | | |
|--|--------------------------|--|--|
| Type of work you are interested in or position for which you are applying: | | | Consent to give out phone number/email to team members: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of Application: | Date Available for Work: | Email Address: | |
| Last Name: | First Name: | Middle Name: | |
| Street Address: | City: | State: | Zip: |
| Cell Number: | Home Number: | Business Number: | |
| Have you been previously employed by the city? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date | | Position | |
| | | Are you able to legally work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| For Public Works Positions <u>Only</u> , please indicate Driver License Issuing State and License Class and Endorsements/Restrictions (listed on the back of your driver's license): | | | |
| State: | Class: A B | Tanker Endorsement | List Any Restrictions: |
| | | | |

| Educational Background | | | |
|--------------------------------|--------------------------|---|---------------------|
| Education | School Name, City, State | | Major Area of Study |
| High School | | Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | Degree Completed: <input type="checkbox"/> Masters <input type="checkbox"/> AAS <input type="checkbox"/> Bachelors <input type="checkbox"/> Other | |
| College | | Degree Completed: <input type="checkbox"/> Masters <input type="checkbox"/> AAS <input type="checkbox"/> Bachelors <input type="checkbox"/> Other | |
| Technical/Certificate Programs | | Indicate type of certificate earned: | |

| Employment History - List your present or most recent employer FIRST. List all employment for the past 5 years (use additional sheet if necessary) | | |
|--|------------------------------|------------|
| PRESENT EMPLOYER | | |
| Employer: | Dates Employed: From: To: | Job Title: |
| Address: | | |
| Telephone: | Job Duties: | |
| <i>Pay Information</i> | | |
| Starting Rate: | Ending Rate: | |
| Reason For Leaving: | | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Explain: | | |

Employment History Continued - List your present or most recent employer FIRST.

PRESENT EMPLOYER

| | | | |
|---|--------------------------|-----|------------|
| Employer: | Dates Employed: From: | To: | Job Title: |
| Address: | | | |
| Telephone: | Job Duties: | | |
| <i>Pay Information</i> | | | |
| Starting Rate: | Ending Rate: | | |
| Reason For Leaving: | | | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Explain: | | | |

General Information:

| |
|---|
| What hours are you available for work: Weekends: Saturday: _____ Sunday: _____ Weekdays: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ |
| Even as a minor, have you been convicted or arrested for a felony, gross misdemeanor, or misdemeanor, excluding minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the conviction. |
| NOTE: A conviction is not an automatic disqualification. A determination will be made regarding the direct relationship between the conviction and the position and any competent evidence of sufficient rehabilitation. |

Complete Section if position requires a valid driver's license.

| | | |
|--|--------------------|--|
| Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | License Number: | Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |
| How many traffic tickets for moving violations have you received in the past five years? | Nature of Offense: | |

IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION
Please sign the application and read the following carefully.

You are advised that the information requested on this form will be used for the purposes of determining job qualifications for summary data purposes and may constitute a public record according to Minnesota Statutes. You are not legally required to supply the requested information, but the information is necessary in determining your qualifications for the position for which you have applied. An incomplete application may hinder your employment with The Ledge Amphitheater. All materials submitted in support of an application are normally retained with the applications and not returned. *You should not submit an original document if it is your only copy.*

I understand that any false information on or omission of information from this application, or failure to present the required proofs, will be caused for rejection or dismissal if employed.

The Ledge Amphitheater is an Equal Opportunity Employer

_____ Date

Applicant's Signature

Please be advised that in accordance with the Minnesota Uniform Transaction Act, an electronic signature on this document is binding and afforded the same effect as if the document was signed by hand.

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