

PREVIOUS JOB EXPERIENCE
(BEGIN WITH YOUR MOST RECENT EMPLOYMENT)

EMPLOYER	CITY / STATE / TELEPHONE	SUPERVISOR	JOB DUTIES

PERSONAL / PROFESSIONAL REFERENCES
(PLEASE DO NOT LIST SUPERVISORS FROM THE ABOVE SECTION)

NAME	ADDRESS / CITY / STATE	TELEPHONE

PLEASE MARK AN "X" IN THE SPACES PROVIDED WHEN YOU CAN WORK.
PLEASE NOTE THAT TYPICAL FACILITIES MANAGEMENT SHOP HOURS ARE FROM 7AM TO 4PM, MONDAY THROUGH FRIDAY, AND FACILITIES MANAGEMENT OFFICE HOURS ARE FROM 7:30AM TO 5PM, MONDAY THROUGH FRIDAY.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 – 7:30 AM					
7:30 – 8:00 AM					
8:00 – 9:00 AM					
9:00 – 10:00 AM					
10:00 – 11:00 AM					
11:00 – 12:00 NOON					
12:00 – 1:00 PM					
1:00 – 2:00 PM					
2:00 – 3:00 PM					
3:00 – 4:00 PM					
4:00 – 5:00 PM					

CHECK IF YOU ARE ABLE TO WORK 40 HOURS: DURING SUMMER [] DURING CHRISTMAS []

CHECK IF YOU ARE ABLE TO WORK: A NIGHT SHIFT [] WEEKENDS [] (NOTE: SET-UP / TEAR-DOWN CREWS MUST WORK BOTH EVENINGS AND WEEKENDS)

ADDITIONAL INFORMATION THAT WE SHOULD KNOW ABOUT YOU: _____

I assert that all of the responses on this application are complete and true to the best of my knowledge. I understand that falsification of any part of this application may result in my immediate dismissal, if hired.

(Signature of Applicant)

Date