



LA BELLE MANAGEMENT
Since 1948



APPLICATION FOR EMPLOYMENT

To The Applicant: We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, height, weight, arrest record, or the presence of a medical condition or handicap.

DATE		DATE AVAILABLE FOR WORK	
NAME		HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME?	
ADDRESS		HOW LONG HAVE YOU LIVED THERE?	
TELEPHONE NO. HOME: _____ OTHER: _____		ARE YOU A U.S. CITIZEN OR DO YOU HAVE THE RIGHT TO REMAIN PERMANENTLY IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS:		ARE YOU 18 OR OLDER: <input type="checkbox"/> YES <input type="checkbox"/> NO If not, state your age _____ ARE YOU 21 OR OLDER: (Casino applicants only) <input type="checkbox"/> YES <input type="checkbox"/> NO *must be able to prove age or employment certificate	
HOW WERE YOU REFERRED: <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> SCHOOL PLACEMENT <input type="checkbox"/> WALK-IN <input type="checkbox"/> REHIRE <input type="checkbox"/> EMPLOYEE REFERRAL <input type="checkbox"/> OTHER REFERRAL If referral, from whom? _____			
ARE YOU APPLYING FOR: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	POSITION DESIRED	WILL YOU ACCEPT: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	HOW MANY HOUSE PER WEEK DO YOU WANT TO WORK?
ARE THERE ANY DAYS OR SHIFTS YOU CANNOT WORK EACH WEEK: (Please list)		WHAT IS YOUR EXPECTATION FOR WEEKLY INCOME FROM THIS POSITION?	
HAVE YOU EVER WORKED FOR A LABELLE MGMT COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER APPLIED FOR A POSITION WITH A LABELLE MGMT COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE ANY RELATIVES WORKING FOR A LABELLE MGMT COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHEN & WHERE? IF SO, WHEN & WHERE? IF SO, NAME & LOCATION?	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST ALL CONVICTIONS, SHOWING OFFENSE AND DATE (exclude minor traffic violations):	
HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, LIST DATES AND EXPLAIN:	

HOW LONG WILL IT TAKE YOU TO GET FROM HOME TO WORK? _____

WHAT TYPE OF TRANSPORTATION WILL YOU USE? YOUR OWN AUTO PUBLIC TRANSPORTATION AID OF YOUR RELATIVES FRIENDS, OR DO-WORKERS

DO YOU DRIVE? YES NO DRIVER'S LICENSE # _____

EDUCATION	SCHOOL NAME AND ADDRESS	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				GRADUATED	
			1	2	3	4	YES	NO
HIGH SCHOOL OR G.E.D.								
COLLEGE		MAJOR						
		MINOR						
OTHER		MAJOR						
		MINOR						

DO YOU HAVE ANY DEFINITE PLANS TO CONTINUE YOUR EDUCATION? YES NO PLEASE DESCRIBE: _____

HAVE YOU TAKEN ANY OTHER SPECIALIZED COURSES/SEMINARS? YES NO PLEASE DESCRIBE: _____

EMPLOYMENT RECORD (BEGIN WITH PRESENT OR LAST EMPLOYER, INCLUDE MILITARY AND PERIODS OF UNEMPLOYMENT)

MAY WE CONTACT YOUR PRESENT EMPLOYER YES NO

DATES		COMPANY NAME AND ADDRESS	WAGES	JOB TITLE AND DUTIES	REASON FOR LEAVING
FROM MO. YR.	COMPANY: ADDRESS:	PHONE: SUPERVISOR:	STARTING		
TO MO. YR.			LAST		
FROM MO. YR.	COMPANY: ADDRESS:	PHONE: SUPERVISOR:	STARTING		
TO MO. YR.			LAST		
FROM MO. YR.	COMPANY: ADDRESS:	PHONE: SUPERVISOR:	STARTING		
TO MO. YR.			LAST		
FROM MO. YR.	COMPANY: ADDRESS:	PHONE: SUPERVISOR:	STARTING		
TO MO. YR.			LAST		

EXTRA CURRICULAR ACTIVITIES _____ HOBBIES _____

How many hours per week can you work? _____ hours available

	M	T	W	T	F	S	S
FROM							
TO							

HOW IS/WAS YOUR SCHOOL ATTENDANCE?:
 GOOD AVERAGE FAIR POOR

Have you any related experience not listed above?

Why should we hire you?

IN CASE OF EMERGENCY PLEASE NOTIFY

NAME _____ TELEPHONE _____
 ADDRESS _____ RELATIONSHIP _____

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement my only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the Company except those which have been acknowledged in writing, by the president or his designated representatives, I hereby authorize the firm to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the firm during the course of my employment.

I agree that any action or suit against the firm arising out of my employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my re-employment physical (if such physical is required) are known.

Signature Date

FOR MANAGER USE ONLY:

Initial Contact Date: _____ Manager Initials: _____

	Excellent	Good	Fair	Poor	Comments:
Appearance					
Availability					
Personality					
Potential					