



# APPLICATION FOR EMPLOYMENT

The Prairie Capitol Convention Center is committed to the provisions of Equal Employment Opportunities to its applicants regardless of race, color, religion, ancestry, age, sex, marital or veterans' status, national origin, disability or any other legally protected status

All statement made by applicant for employment on this application form will be checked for accuracy. Please read carefully, answer all questions, and print clearly in ink.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip

Telephone Number (or Number you can be reached) \_\_\_\_\_

Position Applying for/or Desired: 1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

Type of Employment? ( ) Full Time ( ) Part Time ( ) Seasonal ( ) Other \_\_\_\_\_

If Applying for a part-time or seasonal position, what days & hours are you available to work?  
Days \_\_\_\_\_ Hours \_\_\_\_\_

Rate of Pay Expected? \$ \_\_\_\_\_ (hour), or \$ \_\_\_\_\_ (monthly)

How soon can you report to work? \_\_\_\_\_

Do you have a legal right to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_

Are you 16 years or age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you made application with PCCC in the past six (6) months? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give date and position applied \_\_\_\_\_

Have you ever been convicted or a felony, or within the last seven (7) years a misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain the offense, date of offense, and place in which it occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking unlawful or illegal drugs? \*\* \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been previously employed by the PCCC? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_ Supervisor? \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

\*\*Drug Testing for illegal or unlawful drugs is required of successful candidates as a condition of employment.

# **WORK EXPERIENCE HISTORY**

(List most recent employers, including volunteer services)

May we contact your current Employer(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Position/Title \_\_\_\_\_ Salary (starting) \$ \_\_\_\_\_ (ending) \$ \_\_\_\_\_

Immediate Supervisor(s) Name & Title: \_\_\_\_\_

Briefly describe your job duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving (or desiring to leave current employer)? \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Position/Title \_\_\_\_\_ Salary (starting) \$ \_\_\_\_\_ (ending) \$ \_\_\_\_\_

Immediate Supervisor(s) Name & Title: \_\_\_\_\_

Briefly describe your job duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving (or desiring to leave current employer)? \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Position/Title \_\_\_\_\_ Salary (starting) \$ \_\_\_\_\_ (ending) \$ \_\_\_\_\_

Immediate Supervisor(s) Name & Title: \_\_\_\_\_

Briefly describe your job duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving (or desiring to leave current employer)? \_\_\_\_\_

\_\_\_\_\_

# FORMAL EDUCATION- TRAINING - CERTIFICATION REPORT

## HIGH SCHOOL (OR EQUIVALENCY)

Name of School(s) attended \_\_\_\_\_

Location of School Attended \_\_\_\_\_

Did you complete High School w/ Diploma? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, did you receive your GED? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Where did you receive your GED? \_\_\_\_\_

## COLLEGE OR UNIVERSITY

Name of School(s) attended \_\_\_\_\_

Major Course of Study \_\_\_\_\_ Minor Course of Study \_\_\_\_\_

Did you complete....? Associates Degree? \_\_\_\_\_

Circle w/ Explanation

Bachelors Degree? \_\_\_\_\_

## BUSINESS/TRADE OR TECHNICAL/VOCATION SCHOOLS

Name of School(s) attended \_\_\_\_\_

Any Certificate Received? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please identify type, date received and institution received:

\_\_\_\_\_  
\_\_\_\_\_

## GRADUATE SCHOOL

Name of School(s) attended \_\_\_\_\_

Graduate Degree Course of Study \_\_\_\_\_

Did you complete? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide any additional information such as internships, special skills, training, management or supervisory experience, equipment operation, or other qualifications, including military service, you feel will be helpful in considering your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JOB APPLICANTS AGREEMENT AND CERTIFICATION**  
**(PLEASE READ CAREFULLY, BEFORE SIGNING)**

“I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment, or if employed and found later, dismissal from employment.”

“I understand that prior to being offered employment with the PCCC, employer and reference background investigations may be initiated. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damage on account of having furnished such information.”

“I understand that prior beginning employment with the PCCC, I will be required to take a physical and submit to a drug screening examination. In the event I have a disability which will affect my ability to take such a test, I will so inform the PCCC prior to the administration of the test so that a reasonable accommodation can be made. Requesting accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The PCCC reserves the right to require medical documentation concerning the need for such accommodation.”

“I understand that prior to beginning employment with the PCCC, I may be required to submit and authorize the PCCC to investigate into my criminal background and hereby authorize the PCCC to check such criminal back ground records by signing below.”

“I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the PCCC and myself. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the PCCC unless specified in writing.”

“I understand that this application will be kept on file for six (6) months from the date completed, after which time I would have to reapply in accordance with established PCCC policy.”

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Date

Mail Completed Applications to:

Prairie Capital Convention Center  
Attn: Administrative Office  
#1 Convention Center Plaza  
Springfield IL 62701

\*Applications will not be processed unless they are signed and dated by the applicant