



Lansing Entertainment & Public Facilities Authority

EMPLOYMENT APPLICATION

The Authority is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Position applied for: _____

Date of application: _____

Please note that this application will only remain active for 6 months, after which the applicant would need to re-apply.

Date you can start: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Primary Phone: _____ Work Phone _____

Email Address: _____

Are you 18 years or older? Yes No

Are there any hours or days of the week you cannot work? Yes No
If so, when? _____

Salary Desired: _____ Type of Employment Full-time Part-time

Are you currently employed? Yes No
If so, may we contact your present employer? Yes No

Have you ever been discharged from employment or asked to resign? Yes No
If so, please explain: _____

Have you ever applied to the Authority before? Yes No
If so, when? _____

Have you ever worked for the Authority before? Yes No
If so, under what name? _____

Do you have relatives employed by the Authority? Yes No
If so, please list name(s) and relationship: _____



	NAME AND ADDRESS OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/MAJOR
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
SPECIALIZED TRAINING				

Do you have US Military experience? Yes No Date entered: _____
 Branch: _____ Rank: _____ Date discharged: _____ Honorably: _____

Are you lawfully entitled to be employed in the United States? Yes No

Have you ever been convicted of a crime except a minor traffic violation? Yes No

If so, please state citation, date and place where offense occurred:

This will be considered in conjunction with the nature and gravity of the offense, when it occurred, and successful efforts at rehabilitation since conviction, and how it relates to the nature of the job sought.

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.



REFERENCES: Three individuals NOT related to you, whom you have known for at least one year.

NAME	ADDRESS AND PHONE NUMBER	RELATIONSHIP	YEARS ATTENDED

LANSING ENTERTAINMENT & PUBLIC FACILITY AUTHORITY EMPLOYEE AVAILABILITY

Name: _____ Date: _____

Please enter from start to finish, the times you are available to work.

DAY	START TIME	END TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Comments:



CURRENT & FORMER EMPLOYERS: List current and former employers (most recent first).

DATE (MONTH/YEAR)	NAME, ADDRESS & PHONE NO. OF EMPLOYER	SALARY (STARTING/ENDING)	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

May we contact the employers listed? Yes No

If not, which one(s)? _____

How did you hear about this position? _____



Please read the following statement carefully before signing to indicate your understanding:

I certify that the facts contained in this internship application are true and complete to the best of my knowledge and understand that falsified statements or a material omission of information from this application may result in termination of the hiring process and/or the employment relationship.

I authorize investigation of all statements contained in this application for any internship related purpose. I release the listed references and all employers, except those *specifically excepted, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for information they may give to you.

I agree not to begin any claim, complaint, action or suit relating to this hiring process or my employment with LEPPA more than one hundred and eighty-two (182) calendar days after the event giving rising to the claim, complain, action, or suit; or later than the applicable limitations period established by statute, whichever is less. This is not intended to modify any timeline that is set forth in an applicable collective bargaining agreement.

_____ Date

_____ Signature

*Employers specifically excepted _____

FOR EMPLOYER USE ONLY

Interviewed by: _____ Date: _____ Hired: Yes No

Starting Date: _____ Position: _____ Wage: _____

