

Employment Application

Kansas City Aerial Arts is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee based on race, color, religion, national origin or ancestry, sex (including pregnancy), sexual orientation, gender identity, age, physical or mental disability, veteran or military status, genetic information, and/or any other legally recognized protected basis under federal, state, or local law. The information collected by this application is solely to determine suitability for employment. Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Kansas City Aerial Arts. Please inform the company's personnel representative if you need assistance completing this application or to otherwise participate in the application process.

GENERAL INFORMATION

Full Name _____ Date _____	
FIRST	MIDDLE
LAST	
Address _____	
STREET	CITY
STATE	ZIP CODE
Contact Number (____) _____	Date available for work _____
Alternate Contact Number (____) _____ Email (optional) _____	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required consistent with federal law.)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you may be required to provide authorization to work.)	
Position applied for: _____	Desired Wage or Salary _____
Applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	

EDUCATION

Type of School	School Name and Location	Number of Years Completed	Diploma, Degree, or Certificate Received	Course of Study or Major
High School (or G.E.D. equivalent)				
College or University				
Graduate School				
Specialty School				

Other Certification or Specialized Training			
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BACKGROUND INFORMATION

During the past 10 years, have you ever been discharged, suspended, or asked to resign from any position?
 Yes No If yes, please explain. _____

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? Yes No
 If yes, specify name. _____

Have you been convicted of a crime in the past 10 years that has not been expunged, sealed, pardoned, annulled, statutorily eradicated, or dismissed upon condition of probation? You are not required to disclose sealed or expunged records of conviction or arrest, or expunged juvenile records of conviction or arrest.

Yes, provide information _____ No

PERSONAL/PROFESSIONAL REFERENCES

List three personal/professional references (other than those listed as current/former supervisor) that we may contact:

1. Name _____ Email Address _____	Telephone No. (____) _____ Type of Acquaintance _____ _____
2. Name _____ Email Address _____	Telephone No. (____) _____ Type of Acquaintance _____ _____
3. Name _____ Email Address _____	Telephone No. (____) _____ Type of Acquaintance _____ _____

EMPLOYMENT RECORD

List all employment experience for the past ten years, starting with the most recent or present employer, including U.S. military service or training.

Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ Primary responsibilities _____ _____ _____	Phone (____) _____ From _____ <div style="text-align: center; margin: 0 20px;">Month Year</div> To _____ <div style="text-align: center; margin: 0 20px;">Month Year</div>
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ Primary responsibilities _____ _____ _____	Phone (____) _____ From _____ <div style="text-align: center; margin: 0 20px;">Month Year</div> To _____ <div style="text-align: center; margin: 0 20px;">Month Year</div>
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ Primary responsibilities _____ _____ _____	Phone (____) _____ From _____ <div style="text-align: center; margin: 0 20px;">Month Year</div> To _____ <div style="text-align: center; margin: 0 20px;">Month Year</div>
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Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ Primary responsibilities _____ _____ _____	Phone (____) _____ From _____ <div style="text-align: center; margin: 0 20px;">Month Year</div> To _____ <div style="text-align: center; margin: 0 20px;">Month Year</div>

Primary responsibilities	

*Please submit additional pages, if needed for additional employer information.

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I understand, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

_____ Initials

I understand employment with Kansas City Aerial Arts is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

I authorize Kansas City Aerial Arts and its representatives to contact my current and former employers (with the exception of any employer if I have marked no in response to "May we contact?" on page 3 of this application), schools, references, and other persons or organizations I have named in this application for the purpose of verifying the information I have provided. I release my current and former employers, schools, references, and other persons or organizations named in this application from any liability resulting from the information released. I authorize employers, schools, and other persons or organizations named in this application to provide any information or transcripts requested.

_____ Initials

I hereby certify that, if employed, my employment with Kansas City Aerial Arts will not conflict with, violate, breach, or result in default under, any contract, agreement, or understanding that I am a party to or am bound by, including any non-solicitation, non-competition, or other similar post-employment restriction or agreement I have with any current or former employer, if any.

_____ Initials

I understand and agree that, if hired, my employment will be at-will, which means employment is for an indefinite period of time and may be terminated by myself or Kansas City Aerial Arts at any time, with or without cause, and with or without notice.

_____ Initials

I certify that all of the above information is true and complete and I understand that any falsification or omission of information made by me may disqualify me from further consideration for employment or, if hired, may result in my termination at any time during the period of my employment, regardless of the amount of time that has passed.

_____ Initials

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____

Date _____