



Entertainment Labor Force
 3355 W. Spring Mountain Rd. Suite 14
 Las Vegas, NV 89102
 Ph. 702-898-5885 / Fax 702-898-5886 / info@elflabor.com
 Equal Opportunity Employer

Application For Employment

Personal Information

Name		Date Today	
SS# (last 4)	XXX-XX-	Date Available	

Address1	City	State	Zip	
Address2	City	State	Zip	

Mobile	Email	
Home	Referred By	
Other		

- Are you over 18? Yes
- Have you ever applied to this company before? Yes If so, when?
- Do you have your own transportation? Yes If no, how will you get to job site?
- Once hired, are you able to provide verification that you have the legal right to work in the United States? Yes
- Have you ever been convicted, pled guilty, no contest or nolo contendere, or received probation for any criminal offense (felony or misdemeanor), other than for a minor traffic violation? Yes No

Please explain in detail, be sure to include dates, city, and state.

A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining eligibility

Employment Experience

Stagehand

Lighting/Electrician

Soundman

AV Technician

Theatre Experience

Down/Ground Rigger

High/Up Rigger

Climbing Rigger

Truck Loader

General Labor/Pusher

Licensed Forklift Operator

Licensed Scissor Lift Operator

Licensed Boom Lift Operator

OSHA 10 card

OSHA 30 card

Other (experience or specialties)

Availability

Check your available days, and fill in your available hours.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Available							
From							
To							

Other comments regarding your availability

Education

	Name and Location	Year(s) Attended	Year Graduated	Course of Study
Grammar School			-----	-----
High School			-----	-----
College				
Vocational School				

Additional Skills/Training

Employment History

List your last four employers, starting with most recent

Dates	Employer Name/Address	Pay	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

References

Provide the names of THREE persons NOT RELATED TO YOU, whom you have known for a year.

Name	Contact #	Position Held	Business	Years

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment. Any pertinent information they may have, personal or otherwise, and release the company from liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature	Date
<i>You will be asked to sign this form in the ELF Labor office</i>	

NOTE - If you have difficulty submitting, simply save this filled PDF to your desktop, and email it to info@elflabor.com