

StateFarm



Arena

**APPLICATION FOR EMPLOYMENT**  
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, military or any other legally protected status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

Answer each question full and accurately. **No action can be taken on this application until you have answered all questions and signed application.** Use blank paper if you do not have enough room on this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job applied For: \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking : Full-Time\_\_\_ Part-Time\_\_\_ Temporary\_\_\_ Shift Work\_\_\_

When could you start work? \_\_\_\_\_

Last Name(s)	First Name	Middle Name	Telephone Number
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Present Address	City	State	Zip Code
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Are you 18 years of age or older? Yes\_\_\_ No\_\_\_  
(If you are hired, you may be required to submit proof of age.)

Social Security Number(Optional) \_\_\_\_\_

If hired, can you furnish proof you are eligible work in the U.S.? Yes\_\_\_ No\_\_\_  
Proof of citizenship or immigration status will be required upon employment.

How did you learn about us? \_\_\_Advertisement \_\_\_Friend \_\_\_Walk-In  
\_\_\_ Employment Agency \_\_\_ Relative \_\_\_ Other \_\_\_\_\_

Have you ever applied or worked here before? Yes\_\_\_ No\_\_\_ If yes, when?  
\_\_\_\_\_

Have you been convicted of or pleaded guilty or nolo contendere to a crime with the last 7 years? Yes\_\_\_ No\_\_\_  
Conviction will not necessarily disqualify an applicant from employment.

If yes, give details: \_\_\_\_\_

Have you ever been discharged from the armed forces under other than honorable conditions? Yes\_\_\_ No\_\_\_

**Education**

**List Name and Address of Schools**

**Number of Years Completed**

**Diploma/Degree Certificate**

High School or  
GED: \_\_\_\_\_  
\_\_\_\_\_

College or  
University: \_\_\_\_\_  
\_\_\_\_\_

Vocational or  
Technical: \_\_\_\_\_  
\_\_\_\_\_

## SPECIAL SKILLS

What language(s) do you read, speak, or write? \_\_\_\_\_

What skills or additional training do you have that are related to the job for which you are applying?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Driving Jobs Only:** Do you have a valid driver's license?    Yes\_\_\_    No\_\_\_

Driver's License Number: \_\_\_\_\_    Class of License: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 5 years?    Yes\_\_\_    No\_\_\_

If yes, give details \_\_\_\_\_

List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of employment. If self-employed, give firm name and supply business references.

**PLEASE GIVE MONTH AND YEAR**

Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr)    /                      To (mo/yr)    /
City, State, Zip Code:	Pay: Start \$                                      End \$
Telephone:	Reason for leaving:
Title:	

Duties:

Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr) /
City, State, Zip Code:	Pay: Start \$ End \$
Telephone:	Reason for leaving:
Title:	
Duties:	

Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr) /
City, State, Zip Code:	Pay: Start \$ End \$
Telephone:	Reason for leaving:
Title:	
Duties:	

Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr) /
City, State, Zip Code:	Pay: Start \$ End \$
Telephone:	Reason for leaving:
Title:	
Duties:	

Have you worked or attended school under any other names? Yes\_\_\_ No\_\_\_

If yes, give names: \_\_\_\_\_

Are you presently employed? Yes\_\_\_ No\_\_\_

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

Give three references, not relatives, of former employers.

Name	Address	Phone
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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**APPLICATION VERIFICATION**  
**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

By signing this document I authorize State Farm Arena Staffing to conduct a background check including criminal record search, driving record, education verification, and any other background information deemed necessary by State Farm Arena Staffing to make a decision on my being hired as an employee either part-time or full-time.

I authorize the investigation of any and all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug and alcohol screening examination. I hereby consent to a pre-and/or post-employment drug and alcohol screen as a condition of employment.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF STATE FARM ARENA STAFFING AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **INFORMATION RELEASE WAIVER AND INDEMNITY**

As an applicant for a position with State Farm Arena Staffing I realize that a thorough background investigation will be conducted to qualify me for employment. I understand and agree that this background investigation may include, but is not limited to interviews with and requests for information from my former employers and references, a check with duly constituted law enforcement agencies and/or judicial officers regarding criminal convictions pertaining to my interviews with and requests for information from any education institutes which I have attended or I am attending and requests for information regarding my driving record.

I hereby authorize the release of any information related to my previous employment, criminal convictions, education, driving record, residence, or character, unless such information is restricted by law. I understand that only such information as is pertinent to the position for which I have applied shall be considered. I request that this document serve as my authorization to any persons companies , government agencies or other entities to furnish State Farm Arena any and all such information pertaining to me which may be in their possession. I hereby release State Farm Arena and all its affiliated companies, their employees, officers and agents, and any such person, company, government agency, or other entity from any liability arising directly or indirectly from the disclosure of any such information obtained in connection with such investigation. I agree to indemnify and hold harmless State Farm Arena all its affiliated companies and their employees , officers and agents for all costs, damages and expenses(including but not limited to reasonable attorney's fees) incurred as a direct or indirect result of any lawsuit or administrative proceeding brought against State Farm Arena and any of its affiliated companies of their employees, officers or agents which is related directly or indirectly to the disclosure of any such information or to such investigation.

**NOTE:** The existence of a criminal conviction does not constitute an automatic bar to employment and will be considered only as it related to the position(s) for which the applicant has applied and will be evaluated with respect to time seriousness or circumstances.

Full Name, Print or Type	Other Names Known By
Current Address	
City, State, Zip Code	Driver's License Number
Current Telephone Number	State Issued
Social Security Number	Applicant's Signature
* Date of Birth	Date

\*Date of birth is necessary to verify criminal and driving history (**NOTE:** The Age Discrimination in Employment act of 1967 as amended prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age)