



I-X Center Corporation

Human Resources Department
An Equal Opportunity Employer

Contact Info:
One I-X Center Drive
Cleveland, OH 44135
Fax: 216.898.2851

www.ixcenter.com HR@ixcenter.com

APPLICATION FOR EMPLOYMENT

Important Information about the Application Process

- If you require special accommodations to participate in the application or selection process due to a disability, please contact Human Resources at (216) 265-2548.
- Applications are kept for six months. Incomplete applications may be disqualified.
- By signing this application, you are affirming that all information you provide is accurate and complete.

Applicant Information

Last Name: _____ MI _____ First Name: _____

Street Address: _____ email: _____

City: _____ State _____ Zip Code: _____

Primary Phone: (_____) _____ Other Phone: (_____) _____

List previous names: _____ List Previous address(es) in last 10 yrs: _____

General Information

Are you legally authorized to work in the United States? Yes No

Have you ever been employed with the I-X Center? Yes No If yes, when? _____

Do you have relatives employed at the I-X Center? Yes No If yes, please give name and relationship: _____

Where you referred by someone? print name: _____

Are you at least 18 years old? Yes No Are you at least 16 years old? Yes No

Have you ever been convicted of (or pled 'no contest' or 'guilty' to) a crime, felony or misdemeanor, other than a traffic violation?* Yes No

If yes, please provide an explanation of conviction, including date, charge, location, and penalty. Every conviction is not an automatic bar to employment. Decisions are based upon the requirements of the position:

Position for which you are applying (put "1" for first choice, "2" for second choice, etc.)

General Labor/Show Support Security/Parking lot Catering Restroom Attendant

Box Office Coat Check Concessions Bartending Other: _____

What days/times can you work (ck all that apply) Days Evenings Weekends Other: _____

List days times that you are NOT available: _____

Explain relevant experience or skills _____

Do you have experience driving a tow motor or operating high lift equipment? Yes No N/A

Employment History

In this section, please describe the duties you have performed in previous positions, which demonstrate that you have the knowledge, skills, and abilities to perform the duties of the job for which you are applying. You may include internships, verifiable volunteer activities, self-employment, and military service.

Begin with your most recent job or assignment first and list each job separately, extending for a period of 10 years. Please explain all periods of unemployment. Additional pages of work history may be attached, if necessary. A resume is not a substitute for this section of the application. **All information requested should be provided.**

May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Start Date: ____/____/____	End Date: ____/____/____
Employer:	_____ Position Title: _____			
Address:	_____ Starting Wage: _____ Ending Wage: _____			
City, State, Zip Code:	_____		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Supervisor's name and title:	_____			
Duties & Responsibilities:	_____			
Reason for Leaving:	_____			

May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Start Date: ____/____/____	End Date: ____/____/____
Employer:	_____ Position Title: _____			
Address:	_____ Starting Wage: _____ Ending Wage: _____			
City, State, Zip Code:	_____		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Supervisor's name and title:	_____			
Duties & Responsibilities:	_____			
Reason for Leaving:	_____			

May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Start Date: ____/____/____	End Date: ____/____/____
Employer:	_____ Position Title: _____			
Address:	_____ Starting Wage: _____ Ending Wage: _____			
City, State, Zip Code:	_____		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Supervisor's name and title:	_____			
Duties & Responsibilities:	_____			
Reason for Leaving:	_____			

May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Start Date: ____/____/____	End Date: ____/____/____
Employer:	_____ Position Title: _____			
Address:	_____ Starting Wage: _____ Ending Wage: _____			
City, State, Zip Code:	_____		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Supervisor's name and title:	_____			
Duties & Responsibilities:	_____			
Reason for Leaving:	_____			

Education, Training, Certificates & Licenses

Do you have a high school diploma? ___Yes ___No GED certificate? ___Yes ___No

Colleges, universities, military, trade, business, or other schools			
Name of School	Location of School	Course of study	Degree or Certificate

List professional licenses or certificates

Title of license/Certificate	Issuing Agency	Document Number	Date Issued/ Expiration

Indicate all relevant knowledge, skills, and abilities that you possess that will help us make an employment decision

Certification of Information, Authorization and Release **IMPORTANT - PLEASE READ BEFORE SIGNING**

- My signature constitutes my certification that the information that I have provided on this application and on my resume, if provided, is true and complete and that I have read and understood this and the following statements. Where an item is left blank on the application, it is because there is no information within its scope.
- My signature further constitutes my authorization for the Company to investigate the facts submitted and for those with relevant information, including, but without limitation, schools, law enforcement agencies and my prior employers, to provide such information to the Company, and I release any and all of them from any liability for providing/requesting such information.
- If requested by the Company to do so, I agree to submit to a search of my person, personal items (bags, backpacks, purses, etc.) or any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.
- I also understand and agree that I may be required to take a medical examination after I have received an offer of employment and that such offer of employment may be made contingent upon my satisfactory completion of the medical examination.
- **I further understand and agree that I will be required, as a condition of hiring and continued employment, to pass any pre-employment, probable cause, post-accident or other drug test which the Company may ask me to take.**
- I understand and agree that any **falsification or omission** either on this form or in my responses to questions asked during the interviewing or examination process or on employment forms which I may subsequently complete shall be grounds for immediate termination of employment, no matter when the falsification or omission is discovered.
- I understand and agree that the Company may change wages, benefits, working conditions, and policies at any time and that my employer or I may terminate my employment at any time, with or without cause unless the terms and conditions of my employment are covered by a collective bargaining agreement.
- I understand that I may not rely on any representations or promises to the contrary of the above which may be made by any representative of the Company.

My signature constitutes my agreement that any dispute, claim or cause of action that I may have against the Company including any claim related to the termination of employment must be brought before an appropriate court within six (6) months of when the claim arose. Without limiting the forgoing, this includes claims of discrimination, wrongful discharge, violations of public policy, and tort claims. I waive any statute of limitations to the contrary.

Signature _____ Date _____