



Employment Application

Thank you for your interest in employment with Gallagher Staging & Production. We are an equal opportunity employer and comply with all federal, state, and/or local laws that prohibit discrimination on the basis of race, sex, religion, age, national origin, disability, marital status, or other such categories. Information on this application will not be used to discriminate against any individual in any manner.

Position applying for:	Date of Application:	Desired Salary:
How did you learn about us? ☐ Job Posting ☐ Walk-in ☐ Relative ☐ Referral _____ ☐ Other _____		
Name (Last, First, Middle)		
Street Address		
City	State	Zip Code
Telephone Number		Email Address

Have you ever filed an application or been employed with us before?

☐ Yes ☐ No If yes, give date _____

Are you 18 or over? ☐ Yes ☐ No

If hired, can you provide proof that you are eligible to work in the United State? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

When would you be available to start? _____

Type of employment desired:

☐ Full-time ☐ Part-time ☐ Temporary
☐ Seasonal

Are you available to work nights and weekends? ☐
 Yes ☐ No

What shifts are you able to work?
☐ Day ☐ Swing ☐ Graveyard

Are you available to work overtime if needed?
☐ Yes ☐ No

Days/hours available to work:

Mon. _____ Tues. _____ Wed. _____

Thurs. _____ Fri. _____ Sat. _____

Sun. _____

EDUCATION

School Name	Years Completed	Graduate	Degrees/Diploma
High School:		☐ Yes ☐ No	
College		☐ Yes ☐ No	
College		☐ Yes ☐ No	
Other Job or Related Skills or Training:			

REFERENCES

Please provide the names and telephone numbers of two professional references who are not related to you and have knowledge of your work performance.

Name	Title	Phone Number

PREVIOUS EMPLOYMENT

Please list each job you have held and start with your present or last job. Explain any gaps in employment below.

Title	Dates Employed		Job Duties
Employer	From	To	
Telephone Number			
Supervisor Name & Title			
Reason for Leaving			
Title	Dates Employed		Job Duties
Employer	From	To	
Telephone Number			
Supervisor Name & Title			
Reason for Leaving			
Title	Dates Employed		Job Duties
Employer	From	To	
Telephone Number			
Supervisor Name & Title			
Reason for Leaving			
Title	Dates Employed		Job Duties
Employer	From	To	
Telephone Number			
Supervisor Name & Title			
Reason for Leaving			

Explain any gaps of employment

ACKNOWLEDGMENT

___ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

___ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

___ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I have read, acknowledged, understood and agreed to the above statements.

Applicant's Signature: _____ Date: _____

Applicant's Name: _____