

PO Box 2130, 2709 State Highway 248, Branson, MO 65616

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis of race, color, national origin, age, sex, religion, disability, ancestry, or prior Viet Nam Veteran status.

	PERSC	NAL INFORMATION ((please print)	
Date	Soc	ial Security Number		
Name				
	Last	First		Middle
Present Address				
	Street	City	State	Zip
Permanent Address	Street	City	State	Zip
Phone No.()		Cell Phone No.	()	
Do you have relatives wo	orking at this Company? Yes_	No If Yes, please pr	ovide their name	
Are you currently employ	/ed? Yes No	If you	ı are, may we call your present	employer? Yes No
Have you ever been con	victed of a crime? Yes	No If yes, state when and	nature of the offense	
		DESIRED EMPLOYM	1ENT	
Position		Date Available	Desired Wa	ge/Salary
	PRE	/IOUS EMPLOYMENT	HISTORY.	
	·	employers, beginning with the		
	esent/Last Position	Previous Positi	on Previous	Position
Job Title				
Name of firm				
Full Address				
an Address				
			, ,	
With area code ()	()	()	
Supervisor's Name)	()	()	
With area code ()	()	()	
With area code (Supervisor's Name Dates employed)	()	()	
With area code (Supervisor's Name)			
With area code (Supervisor's Name Dates employed Ending salary Reason for leaving		BUSINESS REFERE	NCES	
With area code (Supervisor's Name Dates employed Ending salary Reason for leaving	persons (not relatives) who		NCES	
With area code (Supervisor's Name Dates employed Ending salary Reason for leaving List three	persons (not relatives) who	BUSINESS REFERE	NCES ist. Please include phone nur	nber for each one.

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EDUCATION

Name and Address of School	No. of Years Attended	Graduated?	Subjects/Degree(s)
Grade School			
High School			
College/University			
Trade/ Business or Correspondence School			
	GENERAL INFOR	MATION	
Are you authorized to work in the United St	ates? Yes No		
Do you have a valid driver's license? Yes _	No		
List Special Training, (such as Military, Co	ntinuing Education)		
List any Job-Related Skills, licenses or cert	ifications, (such as Chauffeur's drivers lid	cense, computer knowledge, i	nclude typing speed)
	DDUG EDEE WORKING	ENIVIDONIMENT.	
In order to be hired by Shoji Entertainments eligibility. Without this documentation you comployment made by us for any job for whicontrolled substances, to be conducted by Test results will be maintained in the stricte	annot be hired. Shoji Entertainments Inc ch you have been interviewed depends medical personnel at Skaggs Hospital, B	rification and documentation on the strives to provide a drug free upon your taking and passing	e working environment. Any offer of a test to establish the absence of
	AUTHORIZA1	_	
I certify that the answers given in this applic certify that I am at least 18 years of age. I authorize you to make such investigations necessary in arriving at an employment deconnection with my application. I understain regardless of when discovered by the Comthe date of payment of my wages or salary. I understand that completing this form does Company work rules, policies and procedutime.	and inquiries of my educational, employ sision. I hereby release employers, school that false or misleading information gionary. Further, I understand and agree the terminated at any time without cause not indicate there is a position open and	rment, or financial history or o lols or persons from all liability ven in my application or interv nat my employment is for no c a and without any previous no d does not obligate the Compa	ther related matters as may be rin responding to inquiries in riew(s) may result in dismissal, lefinite period and may, regardless of tice. any to hire me. I agree to abide by all
Date	Signature		

SEI form, Applic.wps 12/23/04

PLEASE FILL IN BLANKS FOR THE FOLLOWING QUESTIONS:
Best time of the day to call you: Morning Afternoon Evening
Do you have an answering machine?
Please give a short description of why you would want employment with the Shoji Tabuchi Theatre.
Please tell us how you heard about job openings at the Shoji Tabuchi Theatre.
Please list the position or positions that you are applying for.
Please describe the goals you would want to accomplish within this position if you are employed.
Please describe the length of employment you are looking for (seasonal, long term, etc.) and whether you desire full or part-time.
Have you been employed at another theatre in Branson?If so, please list the date you started, date you left, position you held, and the reason for leaving.
Where are you staying while in Branson? How long will you be staying in Branson?
Please make sure you have listed phone numbers on your application for each former or current employer.
THANK YOU VERY MUCH FOR APPLYING FOR EMPLOYMENT AT THE SHOJI TABUCHI THEATRE! We are all anticipating another fun-filled and exciting season and we are all eager to add professional and enthusiastic people to our staff.

Shoji Entertainments, Inc.

AUTHORIZATION AND RELEASE

TO WHOM IT MAY CONCERN:

officials and Social Security offi disciplinary records, criminal i alford plea concerning any miso work history, abilities, good mo	, having filed an application for employment with SHOJI reby authorize and request all previous employers, school officials, law enforcement cials, having control of any documents, employment records, academic records, records (including any record of any conviction, guilty plea, nolo contendere or demeanor or felony violation), or other information pertaining to me relevant to my ral character to perform the responsibilities of a job with SEI, to furnish the locuments, records, or other information requested to SHOJI its authorized representative.
•	ich persons as set out above to answer any inquiries and questions concerning me in by SHOJI ENTERTAINMENTS, INC. or its authorized representative, and to ion concerning me.
comply in good faith with the a kind growing out of or pertaini I have thoroughly read	onerate every person, corporation, officer, institution or organization which shall athorization and request made herein from any and all liability of every nature and ng to the furnishing or inspection of such documents, records or other information. this Authorization and Release and I understand the ramifications of my execution ne below on thisday of
or this document. I sign my har	
	Signature of Applicant
	PRINT NAME
	Social Security Number of Applicant
	Driver's License Number State issued
	Date of Birth OTHER/FORMER NAMES

App4, Rev. 1/5/06

Date		
I,	Print Full name	do hereby certify that I am at least 18 years of age.
	Print Full name	
		Signature of Applicant

email Employment Application form to SEIpersonnel@aol.com