

## APPLICATION FOR EMPLOYMENT

NON-DISCRIMINATION—It is the policy of PMI Entertainment Group to consider all applicants for employment without regard to age, race, religion, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation, military reserve status or any other unlawful basis.

## PERSONAL INFORMATION

Name:			Date:	
Last Address:	First	Middle	_	
City:State:			(Are you at least 18 years of age?)	YesNo
Telephone No.:(T	elephone No. wher	e we can reach you du	uring the day, if different)	
Email address:				
Are you a citizen of the U.S. or legally authorized to work	in the U.S.?	YesNo		
Have you lived or worked outside Wisconsin in the past fi	ve years?Y	esNo If s	so, please list name of cou	unty, city and state
Have you ever worked for PMI Entertainment or the Gam	olers?Yes	No		
If yes, dates:	(Your na	me then, if different)		
Is your spouse or other immediate household member pres If yes, which department?	ently employed in	a supervisory capacity	at PMI Entertainment?	YesNo
Have you ever been convicted of a felony, misdemeanor of you?YesNo If yes, describe in full, inc consideration for a position unless such is required by law applicant is not bondable for a job requiring bonding.)	luding date(s). (Co	nviction or pending cl	harges will not automatica	ally disqualify an applicant from
	GENERAL II	NFORMATION	1	
Position applied for:		Date av	ailable for work:	
Applying for:Full-time (40 hours per week)	Part-time	Temporary _	Occasional	
Would you be willing to work: days Wage/salary requirements\$	_evenings	weekends	holidays	
		CATION		
Name and Address of School High School:	No. of Years Completed	Did you Grad (Yes or No		st Diploma, Degree or Course of Study
College/Technical School				
Are you currently enrolled in school?yes	_ no	l	l .	
List below any special skills or qualifications which you for the second of the second	-	-		

	(ATTACH ADDITIONAL	L SHEETS IF NECESSARY)	
PRESENT OR LAST EMPLOYER:		Dates	
Company Name:			
Address:			
Position and Responsibilities:			
Full-time or part-time:St			
(Your name then, if different):		_	
Reasons for Leaving:			
NEXT PREVIOUS EMPLOYER:			
		Dates	
Company Name:			
Address:			
Position and Responsibilities:			
Full-time or part-time: St			
(Your name then, if different): Reasons for Leaving:			
Reasons for Leaving.			
NEXT PREVIOUS EMPLOYER:			
Company Name:		Dates _ Employed From:	to:
Address:			
Position and Responsibilities:			
Full-time or part-time:St			
(Your name then, if different):			
Reasons for Leaving:			
List gaps of employment:			
Are you aware of any reason that you can	nnot perform essential function	ons of the job with or without reasonable	accommodations?
Yes No Please Specify:	1	3	
		TIGATION AND RELEASE	
		<b>Your written signature and today</b> I authorize investigation of the statements I have n	
liability all representatives of PMI Entertainment C	Group for their acts performed in goo	od faith and without malice in connection with eval	uating my applications, credentials, and
qualifications. I further authorize any party having otherwise stated). I also release from any and all li			
malice concerning my employment competence, et authorize PMI Entertainment Group to release suc	thics, character and other qualification	ons, including other privileged or confidential information	mation and, if I am employed, I also
liability or damages that may result from releasing	such information.		
		formation on this application shall be a sufficient but is contingent upon the satisfactory completion of	
references. I further understand that, if employed,		ion period from my date of employment.  byment can be terminated by either PMI Entertainm	ent Group or me at will with or
without cause, and with or without notice, at any ti or in writing, this terminable-at-will status of emplo	me. I understand that no one at PM		
or in writing, this terminatic-at-will status of emplo	oyment.		
Signature of App	 blicant		Date
Digitation of App	11Valit		Date