



Lattner Entertainment Group Illinols, LLC is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex (including pregnancy), national origin, genetic information, disability, or any other characteristic protected by federal state and local laws.

Personal Information									
Last Name, First Name:							Date:		
Street address:				City:			State:	Zip:	
Phone number:				Email address:					
Are you over the age of 18?  Yes   No		Are you legally eligible to work in the Documentation required if offered elements \( \sqrt{N} \) \( \sqrt{N} \) \( \sqrt{N} \) \( \sqrt{N} \)				e future, require visa oyment in the United States?			
Position Position									
Position applying for:		Available Start Date:		Full Time □ Temporary □				al hours per week ilable to work:	
List the times you are av	ailable to w	ork:							
Monday:tototototototototototototototo									
Yes □ No □  Do you have any relatives employed by Lattner Entertainment Group or any of its subsidiaries?  Yes □ No □				If you have any relatives employed by Lattner Entertainment Group or any of its subsidiaries, please state their name and job title:					
Education									
Level	Name and Address		Years Completed	Major Studies			Degree/Diploma		
High School									
College									
Graduate School									
Vocational, Business, or Other									
Skills & Certifications									
Certifications, specializations, technical skills, and/or other areas of expertise:									
Languages:									

Employment History									
List most recent employer first.									
1. If current, may we contact this employe	r? Yes 🗆 No 🗆								
Dates employed: mo/yr	Position title:		Employer name and address:						
to									
Supervisor's name and title:	Phone number:		Reason for leaving:						
Primary Responsibilities:	8			4.0					
2.	of the state of the state of								
Dates employed: mo/yr	Position title:		Employer name and address:						
to									
Supervisor's name and title:	Phone number:		Reason for leaving:						
Primary Responsibilities:									
3.									
Dates employed: mo/yr					Employer name and address:				
to									
Supervisor's name and title:	Phone number:		Reason for leaving:						
Primary Responsibilities:				1					
Dates employed: mo/yr		T Sunday and address							
Dates employed: <i>mo/yr</i>	Position title:		Employer name and address:						
to									
Supervisor's name and title:	Phone number:		Reason for leaving:						
Primary Responsibilities:				-					
References				THE TANK	1 2 18				
Provide three professional and/or personal									
Name:	Phone Number: Email add		lress:	Relationship:	Years known:				
Name:	Phone Number:	none Number: Email add		Relationship:	Years known:				
		- "		B 1 11 11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Name:	Phone Number:	Email add	Iress:	Relationship:	Years known:				

Applicant Statement							
I understand and agree to the following:							
This application is not a contract of employment. Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal. The employer follows an "at will" employment policy, meaning I or the employer may terminate employment at any time for any reason consistent with applicable law. All hired persons must provide proof of identity and authorization to work in the US. Failure to produce such proof will result in denial of employment. I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I hereby release all involved parties from any liability arising from such an investigation. If employed, I hereby agree to abide by all policies and rules of Lattner Entertainment Group Illinois, LLC. I understand that these policies and rules may be amended or revised by Lattner Entertainment Group Illinois, LLC at any time.							
I certify that all the information given in this application is complete and true.							
Applicant Signature	Date						
Print Name							