

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading information during the interview and on this form will result in termination of the application process or, if discovered after employment, termination of employment. CMS is an equal opportunity employer. The company will make reasonable accommodations in the application process, if needed. All qualified applicants will receive consideration without discrimination because of gender, marital status, race, age, sexual orientation, religion, color, citizenship, national origin, veteran's or current military status, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. This application is current for only ninety (90) days, at the conclusion of which time, if you have not heard from us and still want to be considered for employment, it will be necessary for you to complete a new application.

A Division of Starple	(Corporation	A\		
Date of Application			4 ² : •	
Availability D	ays Evening Overn	ight Weekends	Holidays	Any
Full Name				
Mailing Address			100	
(Where to mail pay ch	eck) Street	City	State	Zip
Home Phone	Cell Phone	E-mail		
	EMPLOYME	NT DESIRED		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Position Classifications	(Check areas of interest)			12 1
Crowd Manageme	nt Guest Services	Parking/Traffic	Administrativ	e Position
State License Posi	tions Overnight Positions	Beverage Monitor	/ID Verification	
Are you currently emple	oyed? Yes No If yes when	re	Hoursam/pm_to	am/pm
Are you a past employe of Starplex or CMS?	ee Yes No If yes when	e	Employed from	_to
If yes, name used durir	ng employment if different from above			
Do you currently work t	or another Guest Services or Event Staff	fing Organization?		Yes No
Are you lawfully author	ized to work in the United States?(Federal la	w requires proof of identity/employment au	nthorization for new hires)	Yes No
Do you currently have t	amily members working at any CMS loca	ation? Yes 🗌 No 🔲 N	lame	
Are you 18 years of ag	e or older?			Yes No
Are you capable of per in which you are applyi	forming with or without accommodation, to accommodation, accommoda	the essential functions of the	e position	Yes No
	nvicted of a crime and/or been found to lonviction will not necessarily disqualify a			Yes No
do you have a valid driv			is required	Yes No
If yes in what state? Do you have any movir	Driver's Licer ng violations against your license?		what state?	
Do you have any movi			ozem Blad was	
	35.43.50.50.00.00.00.00.00.00.00.00.00.00.00.	CATION Years Completed Degree Re	aceived Major	Subject
High School	Name and Education of School	reals completed Degree Ne	iviajoi/	Subject
College or		NAME I		
Trade School				

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			OLCC, CDL, WSDO					DRIVERS LIC	
License, registration or certification		State Registration o		r License Number		Expira	tion Date	Additional Comments	
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			ADDITIONAL			:S - 1486.	AND THE PARTY OF T		
Please list any	special skills o	or qualifications	as they relate to	the position	n.				
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Date	(List last 3 em	**************************************	th the most recent)	Wage		sition		for Leaving	Still Employe
Month & Year	Name, A	Address and Pho	one Number	vvage	1 0.		Reason for Leaving		Still Employe
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From									Yes No
To From									
То	×								Yes No _
			REE	ERENCES					
Please include	anv person far	miliar with you	work ability to in			pervisor.	Do not inc	lude family.	
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understand that nemployment for an elationship at any	y specific length	n of time. Emplo	ner personnel docun yment with CMS is ny lawful reason.	nent creates "at-will", me	or is inten aning that	ded to create either the	ate a promise employee o	e, guarantee, r CMS can e	or representation and the employm
			nent with CMS is "at- thin the first six (6) m			er CMS or	I can end th	e employmen	t relationship at a
understand that	if employed, I a	gree not to wor	k for any other Gue	est Services	or Event		•		-
	rk experience v	vith the compan	entity or organizatio y. I hereby release						
			ng questions and do statements on this						
HAVE READ, ACI	KNOWLEDGE A	ND UNDERSTA	ND THIS STATEME	NTS CONTE	NT AND	TERMS.			

Signature:

Date: