



E R I E County **C**onvention **C**enter **A**uthority

**809 French Street
Erie Pennsylvania 16501**

APPLICATION FOR EMPLOYMENT

The Erie County Convention Center is an Equal Opportunity Employer. You are not required to give any information on this form that is prohibited by applicable laws.

Any offer of employment will be conditioned upon the results of post-offer medical examinations and/or inquiries which are required of all entering employees and upon passage of a test designed to measure your ability to perform the essential functions of the position offered.

Use additional sheet if this form does not provide sufficient space for you to complete your answer to any item.

FACILITY PREFERENCE

- Erie Insurance Arena
- Bayfront Convention Center
- Warner Theatre
- Jerry Uht Ballpark

PERSONAL DATA

Full Name _____

Address _____ Phone No. _____

City _____ State _____ Zip _____

E-mail address _____

- Are you at least 18 years old? (If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.)
 YES NO
- Are you legally authorized to work in the United States? (If hired, you will be required to provide proof of work authorization.)
 YES NO
- Have you ever pleaded “guilty” or “no contest” or been convicted of a felony or misdemeanor?
 YES NO

If yes, please explain: 1) nature of felony or misdemeanor, 2) date of conviction, and 3) state and county in which convicted.

(A conviction will not necessarily bar you from employment. You should not disclose any information regarding criminal records that have been sealed.)

- Please list any other names by which you have been known. *(do not include maiden names)*

- If required to drive a motor vehicle for the job applying for state your:

Drivers License Number: _____ State Issued: _____ Expiration Date: _____

POSITIONS DESIRED

First Choice: _____

Second Choice: _____

Third Choice: _____

- The ECCCA Facilities operates on a variety of shifts which may include early morning or late evening hours. The ECCCA depends on each employee to work the shift for which he/she is hired on a regular, basis. Will you be able to meet this attendance requirement for any position offered?
 YES NO

- Please list briefly any qualifications you have that relate to the position(s) for which you are applying:

➤ Are you employed now?

YES NO

If Yes, please state where, how long you have worked there, your current position, and the name of your immediate supervisor: _____

➤ What is your current compensation? _____

➤ May we contact your current employer for a reference?

YES NO

EDUCATION

➤ HIGH SCHOOL

Name of School: _____

Address: _____

Course of Study: _____

Number of years attended/Diploma or degree received: _____

➤ COLLEGE/UNIVERSITY

Name of School: _____

Address: _____

Course of Study: _____

Number of years attended/Diploma or degree received: _____

➤ TRADE, BUSINESS OR OTHER SCHOOL

Name of School: _____

Address: _____

Course of Study: _____

Number of years attended/Diploma or degree received: _____

EMPLOYMENT HISTORY

- Give names and addresses of all previous employers. Please list most recent position first and then other positions in descending order.

Employer's Name, Address, Telephone, and Supervisor: _____

Job title/Type of Work: _____

Date Started through Date Ended: _____

Reason for Leaving: _____

Compensation: Start _____ End/ Current: _____

Employer's Name, Address, Telephone, and Supervisor: _____

Job title/Type of Work: _____

Date Started through Date Ended: _____

Reason for Leaving: _____

Compensation: Start _____ End/ Current: _____

Employer's Name, Address, Telephone, and Supervisor: _____

Job title/Type of Work: _____

Date Started through Date Ended: _____

Reason for Leaving: _____

Compensation: Start _____ End/ Current: _____

OTHER INFORMATION

- Please list any special courses, training, seminars, etc. which you have completed that might relate to the position(s) for which you are applying: _____

- Please list any licenses, certificates, or professional accreditations you hold that might relate to the position(s) for which you are applying: _____

- Have you any "sideline" business interests that could conflict with the Authorities operations?

YES NO

- Describe _____

- Why would you like to work for the Erie County Convention Center Authority? _____

- Please provide any other information not requested that you feel will be helpful to the Erie County Convention Center Authority in evaluating your suitability for employment:

REFERENCES *(Do not use relatives or friends)*

Name _____ Phone _____

Relationship _____ How long known _____

Address _____

Name _____ Phone _____

Relationship _____ How long known _____

Address _____

Name _____ Phone _____

Relationship _____ How long known _____

Address _____

Please read carefully before signing this form.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and hereby grant the Erie County Convention Center Authority (ECCCA) permission to verify such answers and investigate references. I understand that any false statements on this application or omission of any kind or the same in any interview may be considered sufficient cause for rejection of this application or for dismissal if such false information is discovered subsequent to my employment.

I understand that no representation made by ECCCA or its supervisors, whether in writing or made orally, constitutes a contract of employment or implies promise or limitation regarding specific policies or benefits, etc., or limits ECCCA's right to discharge me with or without cause and without notice or liability to me for salary or wages, except such as may have been earned up to the date of termination of service. I also understand that my salary, wages, benefits and other terms or conditions of employment are subject to change by ECCCA and, if hired, I will be notified of these changes. I also agree, if hired, that upon the termination of my employment with ECCCA, whether upon my decision or ECCCA's, that ECCCA may offset and deduct from my final paycheck any and all amounts I owe to them for any reason, including but not limited to salary advances, employee purchases, loans and losses or damages which ECCCA sustains as a result of my willful or negligent acts. I hereby agree to take physical and other examinations or drug/alcohol tests whenever required by ECCCA. I also understand that ECCCA is considering establishing a smoke free environment in many areas of the organization and may be banning the use of all smoking materials in these areas by employees while on the premises.

The ECCCA does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. The ECCCA likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other word or conduct that demeans, stigmatize, intimidate, or single out a person

because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). The Authority takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I authorize the employers, schools or persons named above to give any information regarding my previous employment, character, general reputation and personal characteristics, together with any information that they have regarding whether or not it is in their records. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by ECCCA of the nature and scope of any investigation requested by ECCCA of a consumer reporting agency. If this application for employment is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, I understand that ECCCA shall so advise me and shall supply the name and address of the consumer reporting agency making the report. I hereby release said agency, employers, schools or persons from all liability for any damages issuing this information. In addition, if accepted for employment, I hereby agree to abide by the rules and regulations of ECCCA.

Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no ECCCA employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than ECCCA's Executive Director and then only by means of a signed, written document.

Applicant Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date _____

Remarks: _____

Hired: _____ Position: _____ Will Report: _____
Salary/Wages: _____

Approved: _____
Employment Manager Dept. Head General Manager