

EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: Matthew John Peters, LLC Entertainment Management
Address: 187 Wolf Road, Suite 101
City/State/ZIP: Albany, New York 12205
Telephone: 7187374311

It is the policy of Matthew John Peters, LLC Entertainment Management to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name:
Home Address:
City/State/ZIP:
Number of years at this address:
Daytime phone: Evening phone:
Mobile phone:
Social Security Number:
Driver's License (State/Number):

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name:
Relationship to you:
Address:
City/State/ZIP:
Daytime phone: Evening phone:

4. Job Position Applied For:
Full or Part Time?

5. Salary Desired: \$ per

6. Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes, please list here:

7. Are you at least 18 years old? _____ Yes _____ No

8. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

If no, please state any limitations:

9. If applicable, are you available to work overtime? _____ Yes _____ No

10. If you are offered employment, when would you be available to begin work?

11. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No

12. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you request?

13. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

| Skill | Years of Experience | Ability or Rating |
|---|---------------------|-------------------------|
| <input type="checkbox"/> Microsoft Office Suite (Word, Excel, etc.) | _____ | 1 2 3 4 5 |
| <input type="checkbox"/> Answering telephones | _____ | 1 2 3 4 5 |
| <input type="checkbox"/> Customer service | _____ | 1 2 3 4 5 |
| _____ | _____ | 1 2 3 4 5 |
| _____ | _____ | 1 2 3 4 5 |

14. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

15. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received:

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

16. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

17. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Matthew John Peters, LLC Entertainment Management to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Matthew John Peters, LLC Entertainment Management, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE