



Magic Mann LLC is an equal opportunity employer. We employ qualified individuals without regard to national origin, color, race, religion, gender identity, age, protected veteran or military status, disability or persons in any other status protected by Federal or State law or local ordinance. Qualified individuals with disabilities who require reasonable accommodation to apply for positions at Magic Mann LLC may request such accommodations by contacting the Magic Mann LLC HR. I acknowledge that, while Magic Mann LLC will give my application reasonable consideration, accepting my application does not imply that Magic Mann LLC will offer me employment

Please print all information legibly. Applications must be completed in full, even if attaching a resume

Personal Information

NAME _____	PHONE NUMBER _____
EMAIL _____	SECONDARY PHONE _____
ADDRESS _____	

Employment Desired

AVAILABILITY: Full-time Part-time Temporary AVAILABLE TO WORK: Weekdays Weekends Holidays
 Evenings Mornings

POSITION(S) DESIRED: _____

EXPECTED START DATE: _____ HOW MANY HOURS CAN YOU WORK A WEEK? _____

HOURLY/SALARY RATE DESIRED: _____

HOW DID YOU LEARN ABOUT THIS POSITION _____

CURRENTLY EMPLOYED? Yes No IF YES, CAN WE CONTACT CURRENT EMPLOYER? Yes No

IF CURRENTLY EMPLOYED, WHY ARE YOU CONSIDERING LEAVING? _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? Yes No

IF UNDER 21, PLEASE LIST AGE _____

Educational Background

SCHOOL	NAME & LOCATION	YEARS COMPLETED	MAJOR & DEGREE
HIGHSCHOOL			
COLLEGE			
PROFESSIONAL SCHOOL			

LIST ANY SPECIALIZED CERTIFICATIONS: _____

SPECIAL SKILLS OR HOBBIES: _____



Employment History

Describe your work history, beginning with your current or most recent job.

COMPANY NAME _____	SUPERVISOR'S NAME _____
COMPANY ADDRESS _____	COMPANY PHONE _____
DATE OF EMPLOYMENT (From/To) _____	OKAY TO CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
STARTING WAGE _____	ENDING WAGE _____
POSITION _____	
WORK PERFORMED _____	
REASON FOR LEAVING _____	

COMPANY NAME _____	SUPERVISOR'S NAME _____
COMPANY ADDRESS _____	COMPANY PHONE _____
DATE OF EMPLOYMENT (From/To) _____	OKAY TO CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
STARTING WAGE _____	ENDING WAGE _____
POSITION _____	
WORK PERFORMED _____	
REASON FOR LEAVING _____	

COMPANY NAME _____	SUPERVISOR'S NAME _____
COMPANY ADDRESS _____	COMPANY PHONE _____
DATE OF EMPLOYMENT (From/To) _____	OKAY TO CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
STARTING WAGE _____	ENDING WAGE _____
POSITION _____	
WORK PERFORMED _____	
REASON FOR LEAVING _____	

References

List three(3) individuals, who are non-family or hold no personal relationship with you. Must have knowledge of your work abilities

NAME _____	BUSINESS TITLE _____
ADDRESS _____	PHONE NUMBER _____
NAME _____	BUSINESS TITLE _____
ADDRESS _____	PHONE NUMBER _____
NAME _____	BUSINESS TITLE _____
ADDRESS _____	PHONE NUMBER _____

Notification Agreement

I certify that all of my answers are true, accurate, and complete. I understand that falsification, misrepresentation, or omission of fact on this application (or any other accompanying or required documents) may result in denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize Magic Mann LLC to investigate all statements and information provided in this application. I release Magic Mann LLC from all liability that might result from investigating and, I authorize former employers, and listed supervisors and references, to supply information to Magic Mann LLC during the investigation.

If hired, I agree to abide by all of Magic Mann LLC's policies. I understand that, if employed, my employment is at-will; which means employment may be terminated at the will of Magic Mann LLC or myself at any time, either during or after the orientation period, with or without cause, and with or without notice. I also understand that Magic Mann LLC and its Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change any or all policies, procedures, benefits, or other terms or conditions of employment. Any changes to my employment agreement must be documented in writing and signed by a designated Manager.

I acknowledge that I have read and understand the above statements. Please read carefully before signing

Applicant Signature _____ Date _____