

APPLICATION FOR EMPLOYMENT SHOJI ENTERTAINMENTS, INC. (SEI)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis of race, color, national origin, age, sex, sexual orientation, religion, disability, ancestry, or prior Vietnam Veteran status.

PERSONAL INFORMATION

NAME			TODAY'S DATE	//
Last	First	Middle		
SOCIAL SECURITY	'NUMBER	DATE OF	BIRTH/	_/
PRESENT ADDRESS				
	Street	City	State	Zip
PERMENANT ADDRESS				
	Street	City	State	Zip
PRIMARY PHONE ()	SECONDARY PHONE	()	
ARE YOU CURRENT	LY EMPLOYED? Yes HAVE YOU EVER BEEN (If yes, provide their name If yes, may we call your co CONVICTED OF A CRIME? Yes 	urrent employer? Yes	─ No □
	DIS	SERED EMPLOYEMENT		
POSITION(S)		WAGE/ SALARY	DATE AVAILAI	BLE//
		JS EMPLOYMENT HISTORY		
		beginning with the current, or	most recent.	
PRESENT/ LAST POSITION	PREVIOUS POSITION PREVIOUS POSI		PREVIOUS POSITION	
Job Title				
Company				
Address				
Phone				
()	()		()	
Supervisor's Name				
Dates Employed				
Ending Salary				
Reason for Leaving				

SEI – PERSONNEL, EMPLOYMENT APPLICATION: March 2020

PO Box 2130 • Branson, MO 65615

Ticket Reservations (417) 334-7469 · Administrative Offices (417) 334-3734 · Fax (417) 339-4125



BUSINESS REFERENCES

List three persons whom you have worked for in the past, not relatives.

NAME	JOB TITLE		TELEPHONE	YEARS KNOWN
		()	
		()	
		()	

EDUCATION

NAME/ ADDRESS OF SCHOOL	YEARS ATTENDED	GRADUATED?	SUBJECTS/ DEGREE(S)
Grade School			
High School			
College/ University			
Trade/ Business School			

GENERAL INFORMATION

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? Yes No DO YOU HAVE A VALID DIREVER'S LICENSE? Yes No			
LIST SPECIAL TRAINING (military, continuing education, etc.)	-		
LIST ANY JOB-RELATED SPECIAL SKILLS, LICENSES, OR CERTIFICATIONS (chauffer's license, computer knowledge, typing speed, etc.)			
	-		
DO YOU HAVE A VALID DIREVER'S LICENSE? Yes No	-		

WORK ENVIROMENT REQUIREMENTS

In order to be hired by Shoji Entertainments, Inc. (SEI), you will be required to provide verification and documentation of your identity and employment eligibility. Without this documentation, you cannot be hired. SEI strives to provide a drug free working environment. Any offer of employment made by SEI for any job which you have been interviewed depends upon your taking and passing a test to establish the absence of controlled substances, to be conducted by medical personnel at CoxHealth, Branson, Missouri. A consent form signed by you will be required. Test results will be maintained in the strictest confidence.

_ , acknowledge that I have read and understand these requirements.

APPLICANT Signature

I,

DATE

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EMPLOYMENT QUESTIONAIRE SHOJI ENTERTAINMENTS, INC. (SEI)

BEST TIME OF DAY TO CALL? Morning Afternoon Evening

DO YOU HAVE AN ANSWERING MACHINE? Yes 🗌 No 🗌

PLEASE GIVE A SHORT DESCRIPTION OF WHY YOU WOULD WANT EMPLOYMENT WITH SEI

PLEASE TELL US HOW YOU HEARD ABOUT JOB OPENINGS AT SEI

PLEASE DESCRIBE THE GOALS YOU WISH TO ACCOMPLISH WITHIN THE POSITION YOU ARE EMPLOYING FOR

PLEASE DESCRIBE THE LENGTH OF EMPLOYMENT YOU ARE LOOKING FOR (seasonal, long-term, etc.) AND WHETHER YOU DESIRE FULL OR PART-TIME EMPLOYMENT WITH SEI

WHERE ARE YOUS STAYING WHILE IN BRANSON AND HOW LONG WILL YOU BE STAYING?

On behalf of The Tabuchi Family and The Shoji Entertainments, Inc. Staff, thank you very much for applying for employment with us, Inc. We are eager to add *professional* and *enthusiastic* people to our staff!

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AUTHORIZATION AND RELEASE

I, _______, certify that the answers given in this application and accompanying documents are true and complete to the best of my knowledge. I understand that completing this form does not indicate there is a position open and does not obligate the company to hire me.

I, ______, do hereby certify that I am at least 18 years of age.

I, ________, having filed an application for employment with Shoji Entertainments, Inc. (SEI) herby authorize and request all previous employers, school officials, law enforcement disciplinary records, criminal records (including any record of any conviction, guilty plea, nolo contedere or alford plea concerning any misdemeanor or felony violation), or other information pertaining to me relevant to my work history, abilities, good moral character to perform the responsibilities of a job with SEI, to furnish the originals or copies of any such documents, records, or other information requested to SEI or its authorized representative.

I herby authorize all such persons set out above to answer any inquires and questions concerning me which may be submitted to them by SEI or its authorized representative, and to give full and complete information concerning me.

I hereby release and exonerate every person, corporation, officer, institution or organization which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or pertaining to the furnishing or inspection of such documents, records or other information.

I have thoroughly read this Authorization and Release and I understand the ramifications of my execution of this document. I sign my name below on this _____ day of _____, (year) _____.

SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NUMBER	STATE ISSUED	
DATE OF BIRTH		
	DRIVER'S LICENSE NUMBER	

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