



APPLICATION FOR EMPLOYMENT

VIP NIGHTCLUB is an EQUAL OPPORTUNITY EMPLOYER

VIP NIGHTCLUB & RESTAURANT - 3673 MERRILL AVE RIVERSIDE, CALIFORNIA 92506

VIP-NIGHTCLUB.COM / EMAIL: VIPJOBS@VIP-NIGHTCLUB.COM

Dear Applicant:

Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests. We believe in honesty and integrity, that only a happy and professional staff can give the level of personal service we demand and that everyone is capable of being an A+ player. If this feels like an environment for you, please complete the application form, save and email to VIPJOBS@VIP-NIGHTCLUB.COM

PERSONAL INFORMATION			
NAME (first, middle, last)		APPLICATION DATE	
PHONE (day and mobile)	EMAIL	SOCIAL SECURITY NO.	
ADDRESS:		CITY	
		STATE	ZIP
PREVIOUS ADDRESS:		CITY	
		STATE	ZIP
DESIRED POSITION(S)			
POSITION(S)		AVAILABLE START DATE	DESIRED SALARY
		ARE YOU CURRENTLY EMPLOYED? YES NO	
PLEASE LIST AVAILABLE TIMES AND DAYS			
IF EMPLOYED, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO		HAVE YOU PREVIOUSLY APPLIED AT VIP NIGHTCLUB? YES NO	
EMPLOYER CONTACT:		IF YES WHEN? (date)	
HOW DID YOU HEAR ABOUT US? Online Social Media Friend Family Other:		REFERRED BY:	
SOCIAL MEDIA EXPERIENCE: Facebook Instagram Twitter YouTube OTHER:			
EDUCATION			
HIGH SCHOOL	YEARS ATTENDED	GRADUATED	GED
COLLEGE or TRADE SCHOOL	YEARS ATTENDED	GRADUATED	DEGREE / CERTIFICATION

PERSONAL HISTORY			
AREA OF SPECIAL STUDY OR INTEREST, RESEARCH WORK OR SPECIAL TRAINING?			
US MILITARY SERVICE? BRANCH	RANK:	ARE YOU AN ARTIST, WRITER OR PERFORMER? Please specify:	
EMPLOYMENT HISTORY (please begin with most recent – if you have a resume please attach)			
1. COMPANY / EMPLOYER NAME			
ADDRESS			
PHONE (include area code)	SUPERVISOR NAME		
POSITION	SALARY START	ENDING	
DUTIES (describe)	SPECIFIC REASON FOR LEAVING?		
2. COMPANY / EMPLOYER NAME			
ADDRESS			
PHONE (include area code)	SUPERVISOR NAME		
POSITION	SALARY START	ENDING	
DUTIES (describe)	SPECIFIC REASON FOR LEAVING?		
3. COMPANY / EMPLOYER NAME			
ADDRESS			
PHONE (include area code)	SUPERVISOR NAME		
POSITION	SALARY START	ENDING	
DUTIES (describe)	SPECIFIC REASON FOR LEAVING?		
REFERENCES			
NAME	ADDRESS & PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION			
INITIAL _____	I CERTIFY THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE.		
INITIAL _____	I AUTHORIZE THIS COMPANY TO MAKE AN INVESTIGATION OF ALL INFORMATION CONTAINED IN THIS EMPLOYMENT APPLICATION AND I RELEASE FROM LIABILITY ALL COMPANIES AND REFERNCES SUPPLYING SUCH INFORMATION PERSONAL OR OTHERWISE. I UNDERSTAND ANY FALSE ANSWERS, STATEMENTS, OR IMPLICATIONS MADE BY ME ON THIS APPLICATION OR OTHER REQUIRED DOCUMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF EMPLOYMENT OR DISCHARGE.		
INITIAL _____	I SPECIFICALLY AUTHORIZE AND DIRECT MY CURRENT AND FORMER EMPLOYERS TO SUPPLY EMPLOYMENT AND PERSONAL INFORMATION ALONG WITH ANY OTHER PERTINENT INFORMATION TO THIS COMPANY AND DO HEREBY RELEASE MY CURRENT AND FORMER EMPLOYERS FROM LIABILITY FOR PROVIDING INFORMATION TO THIS COMPANY.		
INITIAL _____	I AUTHORIZE THIS COMPANY, IF APPLICABLE, TO REQUEST A COPY OF MY CREDIT REPORT, MOTOR VEHICLE DRIVING RECORD, AND ANY OTHER INVESTIGATIVE REPORT DEEMED NECESSARY THROUGH VARIOUS THIRD PARTY SOURCES. AS REQUIRED BY LAW.		
INITIAL _____	I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN THE COMPANY AND ME. IN ADDITION, I UNDERSTAND AND AGREE THAT IF YOU EMPLOY ME, IN CONSIDERATION OF MY EMPLOYMENT, MY EMPLOYMENT AND COMPENSATION WILL BE FOR NO DEFINITE PERIOD OF TIME, AND MAY BE TERMINATED AT ANY TIME, FOR ANY REASON, OR FOR NO REASON AT ALL. I UNDERSTAND THAT ONLY AN AUTHORIZED COMPANY REPRESENTATIVE MAY CHANGE THE AGREEMENT STATUS AND SUCH A CHANGE CAN ONLY BE DONE IN WRITING.		
INITIAL _____	THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY RELATED OR MEDICAL INFORMATION IN A MANOR PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.		
ALL ENTERTAINERS AND GO-GO BOYS SHOULD ALSO INCLUDE CURRENT PHOTOS, VIDEO / VIDEO REEL, SOCIAL MEDIA LINKS, PRESS, AND ANY OTHER ENTERTAINMENT RELATED EXPERIENCE.			
SIGNATURE			DATE
DO NOT WRITE BELOW THIS LINE			
DATE RECIEVED		BY	
DATE REVIEWED		BY	
INTERVIEW SCHEDULED		BY	

V.I.P. ASSOCIATES, INC - 3673 MERRILL AVE RIVERSIDE, CALIFORNIA 92506
(951) 784-2370