Bellino Fireworks Application for Employment

PERSONAL INFORMATION				
Position Applying For	S.S. #			
Last Name First Name, Middle Initial		Date of Birth		
Mailing Address:	Phone Numbers:			
	_ Home			
	Cell			
	_ Other			
E-mail Address	_ Referred by:			
WORK EXPERIENCE DESCRIBE ALL PAID AND NON-PAID WORK-RELATED EXPERIENCE CURRENT EMPLOYMENT				
Employer's Name/Address:	Job Title			
	_ From (<i>mo./yr)</i>			
	_ 50101 y			
Supervisor's Name	_			
May we contact your current Supervisor? [] Yes [] No Duties, Tasks Accomplishments, Etc				
Reason for Leaving				
ADDITIONAL WORK EXPERIEN	ICE			
CURRENT EMPLOYMENT				
Employer's Name/Address:				
	_ Salary			
Supervisor's Name	_			
May we contact your current Supervisor? [] Yes [] No				
Duties, Tasks Accomplishments, Etc				
Reason for Leaving				

ADDITIONAL WORK EXPERIENCE				
(ADDITIONAL PAGES AVAILABLE, IF NE CURRENT EMPLOYMENT	EDED)			
Employer's Name/Address:	Job Title			
	From (<i>mo./yr</i>)			
	To (<i>mo./yr</i>)			
	Salary			
Supervisor's Name	_			
May we contact your current Supervisor? [] Yes [] No				
Duties, Tasks Accomplishments, Etc				
Reason for Leaving				
EDUCATION High School Name/Address:	Date of Diploma/GED Received			
College Name/ Address:				
	Date of Degree Received			
OTHER QUALIFICATIONS PLEASE LIST ANY AND ALL SKILLS, ADDITIONAL EXPERIENCE, HONOI				
ACHIEVEMENTS THAT MAY FURTHER QUALIFY YOU				
GENERAL INFORMATION PLEASE BE AWARE THAT THIS INFORMATION WILL NOT DISQUALIFY YOU FOR THE POS	ITION, BUT MUST BE ANSWERED IN COMEPLETE TRUTH			
Are you a U.S. Citizen? [] Yes [] No If No, what country?				
Have you ever been convicted of a felony or misdemeanor? [] Yes [] No				
If Yes, please list date(s) and nature(s) of the crime(s):				
APPLICANT CERTIFICATION				
BY SIGNING BELOW, I AM HEREBY CERTIFYING THAT ALL OF THE ABOVE LISTED INFORMATION IS TRUE, CORRECT, COMPLETE, AND SUBMITTED IN GOOD FAITH. I UNDERSTAND THAT BY STATING FALSE INFORMATION, I MAY AND CAN BE EITHER NOT HIRED OR FIRED AFTER I BEGIN WORKING. I UNDERSTAND THAT THE INFORMATION GIVEN CAN AND MAY BE INVESTIGATED.				
Signature	Date			



2023 NIGHT STAFF EMPLOYEE WAGE AGREEMENT

Our employment opportunities are from June 24th through July 4th, 2023. A significant part of your wage is now based on a bonus of \$3.00 per hour for every hour you work throughout the season. This bonus will be based on your fulfilling all the hours assigned from June 24th – July 4th. If you cannot or will not work during our busiest and hardest time of the year, then you will receive your regular pay and you will not be awarded the \$3.00 per hour bonus for the hours you have worked since June 24th.

I, ______, hereby agree to the above payment structure and understand my starting pay **is \$10.50 per hour**. (\$3.00 per hour added to this if I work my scheduled hours.) I also understand that I will be filling my hours on a timesheet daily. If I do not personally fill out the time daily, Bellino Fireworks will have no way of tracking my hours worked, therefore I will not be paid for that shift. If employee is terminated for any reason or voluntarily quits prior to July 5th they are not eligible for the bonus. I understand that the pay schedule is as follows:

Pay Period (period worked): June 24 to July 5, 2023

Pay Date: July 14, 2023

Signature:

Printed Name:		
SS#:	Date of Birth:	
Address:		
City:	State:	Zip:



2023 Overnight Staff Responsibilities

- Stay in the stand, not in your vehicle
- Do not sleep
- Stock shelves this is your main responsibility
- Break down and save all boxes
- Make sure all open boxes under the tables are taped shut
- Pull down all but the front sides at night
- Make sure ALL tent sides are up by 7am
- Pick up all trash around and inside tent
- Straighten products
- Make sure the managers have all pos systems covered every night
- If there is bad weather make sure all pos systems are covered and all sides down
- Make sure all bunting is stapled to tables and looks nice and neat
- No one is to transfer or take product to or from the tent during night shift
- No theft of any kind will be tolerated. Theft will be prosecuted. Witnessing theft and not reporting it makes you a part of theft.

Signed: _____ Date:___



402-935-1916

2023 Emergency Contact Form

Name		
Address		
City	State	Zip Code
Phone Number	Date of Birth	
Emergency Contact Information		
Name	Relationship	
	Mobile Phone	
Name	Relationship	
	Mobile Phone	
Name	Relationship	
	Mobile Phone	
Medical Information		
Conditions		
Allergies		