

AEG Management Pittsburgh LLC

EMPLOYMENT APPLICATION

AEG is an equal opportunity employer. We encourage all qualified individuals to apply for employment. If you require accommodations to complete the application, testing or interview process, please contact the Human Resources Department.

| (PLEASE PRINT) | | | | Date | Date | | | |
|--|-------------------|-------------------|--------------------|---------------|--------|----|--|--|
| Name: | | | | | | | | |
| | Last | Fir | st | | Middle |) | | |
| Business Teleph | none () | | Home Te | lephone () | | | | |
| Present Address | | | 0:: | | | | | |
| | Number | Street | City | State | Zip | | | |
| Permanent Add | ress if different | from present add | lress: | | | | | |
| | Number | Street | City | State | Zip | | | |
| EMPLOYMENT | DESIRED | | | | | | | |
| Referral Source | · · | | | | | | | |
| Position applying | g for: | | | | | | | |
| Are you applying | g for: (Please | circle Yes or No) | | | | | | |
| Regular full-time work? | | | | Yes | No | | | |
| Regular part-time work? | | | | Yes | No | | | |
| Temporary work, e.g. Summer or holiday work? | | | | | Yes | No | | |
| What days and | hours are you a | vailable for work | ? | | | | | |
| If applying for te | mporary work, | during what perio | d of time will you | be available? | | | | |
| From | | | To | | | | | |
| Are you availabl | e for work on n | ights and weeker | nds? | | Yes | No | | |
| Would you be available to work overtime, if necessary? | | | | | Yes | No | | |
| If hired, on what | date can you s | tart work? | | | | | | |
| Salary desired: | | | | | | | | |
| PERSONAL INI | FORMATION | | | | | | | |
| Have you ever applied to or worked for AEG? | | | | | Yes | No | | |
| If yes, when? | | | | | | | | |

| Do you have any friends or | relatives working for AEG? | | Yes | No | | |
|--|--|---------------------------|----------------------|----------------------|--|--|
| | eliable means of transportation to | | | No | | |
| | ld?verification that you are of minimum legal | | Yes | No | | |
| | to work in the United States? | | Yes | No | | |
| (Note: Proof of identity and legal au | uthority to work in the United States is a co | ondition of employment.) | | | | |
| School | Name and Address | No. of Years Completed | Did you Graduate? | Degree or Diploma | | |
| High School | | | | | | |
| College/University | | | | | | |
| Vocational/Business | | | | | | |
| Other | | | | | | |
| EMPLOYMENT HISTORY Please list all present and p | past employment starting with you ete this section even if attaching | ur most recent employ | er (last ten (10 | • • | | |
| Name of Employer: | | | | | | |
| Address: | | | | | | |
| Type of Business: | | | | | | |
| Telephone No() | Your | Supervisor's Name: | | | | |
| Your Position and Duties:_ | | | | | | |
| Date of Employment: | From | : | To: | | | |
| Starting Pay: | Endir | ng Pay: | | | | |
| May we contact this employ | /er? | | Yes | No | | |
| Reason for Leaving: | | | | | | |

| Name of Employ | yer: | | | | | |
|-------------------------------|----------------------------|---------------------------------|-------------------------|-----|----|--|
| Address: | | | | | | |
| Type of Business | 3: | | | | | |
| Telephone No | .() | Your Supervisor's N | Your Supervisor's Name: | | | |
| Your Position and | d Duties: | | | | | |
| Date of Employm | nent: | From: | To: | | | |
| Starting Pay: | | Ending Pay: | | | | |
| May we contact t | this employer? | | | Yes | No | |
| Reason for Leav | ing: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Telephone No | .() | Your Supervisor's N | Your Supervisor's Name: | | | |
| Your Position and | d Duties: | | | | | |
| Date of Employm | nent: | From: | To: | | | |
| Starting Pay: | | Ending Pay: | | | | |
| May we contact t | this employer? | | | Yes | No | |
| Reason for Leav | ing: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Telephone No() | | Your Supervisor's N | ame: | | | |
| Your Position and | d Duties: | | | | | |
| Date of Employment: | | From: | To: | | | |
| Starting Pay: | | Ending Pay: | | | | |
| May we contact this employer? | | | | Yes | No | |
| Reason for Leav | ing: | | | | | |
| | | | | | | |
| Have you ever be | een terminated or asked to | resign your job? If yes, please | explain: | | | |
| - | | employment over the past ten (| | | | |
| | To: | Reason: Reason: | | | | |
| FIOHI. | 1() | Keason: | | | | |

MILITARY SERVICE

| If so, please describe: | |
|--|--|
| REFERENCES | |
| Please list below three persons not relate to last three (3) years: | you, who have knowledge of your work performance within the |
| Name: | Occupation: |
| Address: | |
| Telephone No() | Number of Years Acquainted: |
| Name: | Occupation: |
| Address: | |
| Telephone No() | Number of Years Acquainted: |
| Name: | Occupation: |
| Address: | |
| Telephone No() | |
| further certify that I, the undersigned a | n, and sign below. Intained in this application is true and correct to the best of my knowledge. I pplicant, have personally completed this application. I understand that any sion of information on this application or on any document used to secure |
| employment shall be grounds for reject of the time elapsed before discovery. | tion of this application or immediate discharge if I am employed, regardless |
| record, education and other matters re I have listed to disclose to the Compar without giving me prior notice of such of | roughly investigate the information on my application, my references, work lated to my suitability for employment and, further, authorize the reference by all letters, reports and other information related to my work records, disclosure. In addition, I hereby release the Company, my former cities from any and all claims, demands or liabilities arising out of or in any sclosures. |
| each retain the right to terminate the el employees' position or compensation a President has the authority to make an | t-will employment which recognizes that each employee and the Company mployment relationship and that the Company retains the right to modify and any time, with or without cause or notice. No one other than the many binding promise or enter into any agreement inconsistent with the agreement must be in writing and signed by both parties to be effective. |
| As a condition of employment, all indiv drug test. | iduals offered employment are required to submit to a pre-employment |
| · · | isaas siisisa employment are required to submit to a pro-employment |

Date: _____ Applicant's Signature: _____