

**STARPLEX CORPORATION / CROWD MANAGEMENT SERVICES  
RECRUITMENT QUESTIONNAIRE**

**Please Print**

The following information will be utilized to assist us in evaluating your abilities to perform guest service and crowd management responsibilities with our organization. Please answer all questions and return the completed form.

Name \_\_\_\_\_  
Last
First
M.I.

Mailing Address \_\_\_\_\_  
Street

\_\_\_\_\_
 City
State
Zip

Are you at least 18 years of age?     Yes     No

Sex \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

1. Do you have any physical disabilities that may affect your ability to work at crowd events?  
 Yes     No    If yes, describe \_\_\_\_\_

2. Have you ever been convicted of a Felony?  
 Yes     No    If yes, when \_\_\_\_\_ where \_\_\_\_\_

3. Have you ever been convicted of any other crime other than a minor traffic offense?  
 Yes     No    If yes, when \_\_\_\_\_ where \_\_\_\_\_

4. Do you have your own transportation?  
 Yes     No

5. Have you ever applied with Starplex Corporation / Crowd Management Services prior to today?  
 Yes     No    If so, when? \_\_\_\_\_

6. What are your main interests in obtaining employment with Starplex Crowd Management Services.  
 Extra Income \_\_\_ Career Related \_\_\_ Extra Activity \_\_\_ Other, List Reason \_\_\_\_\_

7. Are you looking for full or part-time work?  
 Full \_\_\_\_\_ Part-time \_\_\_\_\_

8. List any past security or guest service experience.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

<b>For Office Use Only</b>			
A	S	A	P
Processed By: _____			
Date: _____			

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**EDUCATION**

School Attended

High School \_\_\_\_\_ Graduated Yes \_\_\_\_ No \_\_\_\_

College \_\_\_\_\_ Graduated Yes \_\_\_\_ No \_\_\_\_

Trade School \_\_\_\_\_ Graduated Yes \_\_\_\_ No \_\_\_\_

Area of Study \_\_\_\_\_

Are you attending school presently?  Yes  No If yes, where? \_\_\_\_\_

If attending school is it  Part Time  Full Time

If enrolled in school do you plan to enroll next term?

Yes \_\_\_\_ No \_\_\_\_

**CURRENT EMPLOYER**

Are you presently employed?  Yes  No If yes,

Name of Business \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Description \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PREVIOUS EMPLOYER**

Name of Business \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Description \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PERSONAL REFERENCE**

Name of Person \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Person \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Person \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Additional information to help us better evaluate you for possible employment.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Fax this application to (503) 222-9553

OR

Mail to: Starplex Corporation  
11300 SW Bull Mountain Road  
Tigard, OR 97223