

Employment Application

Programs, services and employment are available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Review (Month/Day/Year)
/ /

APPLICANT DATA

How were you referred to us:	Position(s) Applied for:
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: () _____ Secondary Phone: () _____ E-mail: _____

Social Security #: - - Date Available to Start: Salary Requirement: _____

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

EDUCATION

High School Name: _____ City: _____ State: _____

Dates Attended: From: ___/___/___ To: ___/___/___ Still Attending

College Name: _____ City: _____ State: _____

Dates Attended: From: ___/___/___ To: ___/___/___ Still Attending

Major: _____ Minor: _____ Honors: _____

LEGAL INFORMATION

If you are under 18 and we require a work permit, can you furnish one? Yes No Not Applicable

If no, please explain: _____

Are you a citizen of the United States of America? Yes No

In not, are you legally allowed to work in the United States? Yes No Not Applicable

Have you ever pleaded "guilty," "no contest," or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation rehabilitation and position applied for will be considered.

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS

Prime Time Family Entertainment Center

PREVIOUS EMPLOYMENT (begin with most recent position)

Dates Employed: From: ____/____/____ To: ____/____/____ Still Employed

Firm Name: _____ City: _____ State: _____

Phone: _____ Supervisor: _____ Supervisor Title: _____

Responsibilities: _____

Position(s) Held: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No Would you work there again? Yes No

Dates Employed: From: ____/____/____ To: ____/____/____ Still Employed

Firm Name: _____ City: _____ State: _____

Phone: _____ Supervisor: _____ Supervisor Title: _____

Responsibilities: _____

Position(s) Held: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No Would you work there again? Yes No

REFERENCES

List three (3) references that are not related to you by blood or marriage who can comment on your education or work experience.

Full Name	Address	City, State	Company	Title	Telephone Number

SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____