



Application for Employment

Today's Date: _____ / _____ / _____
Month Day Year

PERSONAL INFORMATION (Please print)

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone: _____ Cell/Other: _____ Parents: _____
(if a minor)

Are you under the age of 19? Yes No

Are you under the age of 16? Yes No If so, all applicants must be at least 16 years old to apply for employment.

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Have you ever been convicted of a crime other than minor traffic offense? Yes No

If yes, please explain: _____

Have you ever been employed here before? Yes No If so, when? _____

Do you have any friends employed here? Yes No If so, state names: _____

Do you have any relatives employed here? Yes No If so, state names: _____

How were you referred? _____ Do you have transportation to work? Yes No

EMPLOYMENT DESIRED

Date you can start: _____

Maximum number of hours you can work each week: _____

Status: Full Time Part Time Temporary / Seasonal

Position: _____

Areas of Interest:

- Indoor Venues
- Outdoor Venues
- Food Service
- Lawn Maintenance
- Birthday Party Captain
- Event Assistance

Are you able to perform the essential functions of the job with or without a reasonable accommodation? Yes No

If you answered "no," please describe the function(s) you are unable to perform with or without a reasonable accommodation:

AVAILABILITY

	FROM	TO
SUN		
MON		
TUES		
WED		
THU		
FRI		
SAT		

If hired, the hours you have listed will be taken into consideration in our scheduling process (hours are subject to change.)

WORK HISTORY

Please list all employers or volunteer activities *(attach additional sheets, if necessary)*.

	Employer	Dates Employed	Pay Rates	Job Title & Duties
Present or Last Employer	Co. Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Supervisor name and title: _____ Reason for leaving: _____ May we contact employer? Yes No	From: _____ To: _____	Start: _____ Final: _____	
Previous Employer	Co. Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Supervisor name and title: _____ Reason for leaving: _____ May we contact employer? Yes No	From: _____ To: _____	Start: _____ Final: _____	
Previous Employer	Co. Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Supervisor name and title: _____ Reason for leaving: _____ May we contact employer? Yes No	From: _____ To: _____	Start: _____ Final: _____	
Previous Employer	Co. Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Supervisor name and title: _____ Reason for leaving: _____ May we contact employer? Yes No	From: _____ To: _____	Start: _____ Final: _____	

EDUCATION

Check last grade completed in high school:

9 10 11 12 GED

Name of school: _____

Check last year of college or vocational school completed:

1 2 3 4 Graduated? Yes No

Name of school: _____

Major/Degree: _____ GPA: _____

Are you currently a student? Yes No

REFERENCES

List below the names of two adult persons not related to you, who you have worked with and known at least one year. If not applicable, list two school or personal references who are not related to you.

Name: _____

Phone: _____ Years known: _____

Name: _____

Phone: _____ Years known: _____

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature

Date

Insanity Complex | 256-319-0000
100 Skate Park Drive, Madison, AL 35758