

## **Application for Employment**

PERSONAL INFORMATION	(Please print	<b>:</b> )					
Name:	First		M:	Middle			
	LIIS	ι	IVIIC	idie			
Address:Street			City	State		Zip Code	
Phone:	Cell/Other:			Parents:			
A 1 1 (10) X/	NT				(if a mine	or)	
Are you under the age of 19? Yes	No						
Are you under the age of 16? Yes	No If so	, <u>all app</u>	licants must be at least	16 years old to ap	<u>ply</u> for em	ploymen	ıt.
Are you authorized to work in the U.S. or	n an unrestrict	ed basis	? Yes No				
Have you ever been convicted of a crime				No			
If yes, please explain:							
Have you ever been employed here befor	e? 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 to	ransportation to w	ork?	Yes	No
EMPLOYMENT DECIDED			A) / A T.L. A F.	) TI TT\ (			

## EMPLOYMENT DESIRED

Food Service

Birthday Party Captain

Date you can start:				
Maximum number of hours you can work each week:				
		,	Temporary / Seasonal	
		rait Time		
Areas of Ir				
Indoor '		O	utdoor Venues	

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

Lawn Maintenance

Event Assistance

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

## **AVAILABILITY**

	FROM	ТО
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:	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:	
f Previous $f Employer$	Co. Name:	From: To:	Start: Final:	
EDI	UCATION	D	EFERENCE:	<u> </u>
Chec	k last grade completed in high school:			two adult persons not related to you, who you

EDUCATION				REFERENCES
Check last grade com 9 10 Name of school:	11 12	GED		List below the names of two adult persons not related to you, who yo have worked with and known at least one year. If not applicable, list two school or personal references who are not related to you.
Check last year of co				Name:Years known:
Name of school:				Name:
Major/Degree:			GPA:	Phone:Years known:
Are you currently a s	tudent?	Yes No		

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