

APPLICATION FOR EMPLOYMENT

DOVER SKATING CENTER

FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, DISABILITY, SEX OR NATIONAL ORIGIN, AS WELL AS DISCRIMINATION ON THE BASIS AGAINST PERSONS BETWEEN THE AGES OF 40 AND 65 INCLUSIVE, SOME STATE AND CITY LEGISLATION PROHIBITS DISCRIMINATION BECAUSE OF AGE, MARITAL STATUS, SEXUAL PREFERENCE, RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. CONSULT COUNSEL FOR FURTHER INTERPRETATION.

PLEASE PRINT CLEARLY

DATE: _____

PERSONAL

FIRST NAME _____ MIDDLE _____ LAST _____

ADDRESS _____ SOCIAL SECURITY NO. _____

CITY/STATE _____ ZIP _____

HOMEPHONE _____ CELL PHONE _____

EMAIL _____

HOW MANY ADDRESSES HAVE YOU HAD IN THE PAST 5 YEARS _____

HOW DID YOU HEAR ABOUT THIS JOB? NEWSPAPER _____ REFERRAL _____ OTHER _____

DRIVER'S LICENSE: _____ STATE ISSUED _____ EXP. DATE _____

IF HIRED, DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK _____ YES _____ NO

ARE YOU 16 OR OLDER? _____ DO YOU SKATE? _____ BACKWARDS? _____ DO YOU OWN YOUR OWN SKATES? _____

ARE YOU A U.S. CITIZEN? _____ IF NO, DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S. (GREEN CARD?) _____

EMPLOYMENT DATA

WHAT POSITION(S) ARE YOU APPLYING FOR?

- | | | |
|---|-----------------------------------|---------------------------------|
| <input type="radio"/> SNACK BAR | <input type="radio"/> FLOOR GUARD | <input type="radio"/> SKATEROOM |
| <input type="radio"/> BIRTHDAY PARTY HOST | <input type="radio"/> SALES | <input type="radio"/> EDUCATION |
| <input type="radio"/> CASHIER | <input type="radio"/> DJ | <input type="radio"/> MANAGER |

WHAT HOURS AND SHIFTS WOULD YOU PREFER TO WORK? _____

PLEASE INDICATE ANY SHIFTS YOU WOULD NOT BE ABLE TO WORK? _____

WHAT EXPERIENCE, SKILLS, OR TRAINING DO YOU HAVE? _____

ARE YOU CURRENTLY EMPLOYED? _____ WHEN WOULD YOU BE ABLE TO START? _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? _____

IF YES, PLEASE DESCRIBE: _____

HOW MANY DAYS HAVE YOU MISSED FROM SCHOOL OR WORK IN THE PAST 12 MONTHS? _____ LATE? _____

HOW MANY DAYS HAVE YOU MISSED IN THE LAST THREE YEARS FOR REASONS OTHER THAN SICKNESS? _____

EDUCATION

NAME OF SCHOOL _____ HIGHEST GRADE ATTAINED? _____

ARE YOU IN A CO-OP PROGRAM? _____

NAME OF COLLEGE _____ DEGREE _____

WORK HISTORY (PLEASE LIST YOUR LAST TWO EMPLOYERS. BEGIN WITH THE MOST RECENT EMPLOYER.)

1. COMPANY _____ ADDRESS _____ PHONE # _____
JOB TITLE _____ SUPERVISOR NAME _____
REASON FOR LEAVING _____
FROM MO/YR _____ TO MO/YR _____ JOB DESCRIPTION _____
STARTING SALARY _____ ENDING SALARY _____ MAY WE CONTACT THIS EMPLOYER? _____
IF NOT, WHY? _____

2. COMPANY _____ ADDRESS _____ PHONE # _____
JOB TITLE _____ SUPERVISOR NAME _____
REASON FOR LEAVING _____
FROM MO/YR _____ TO MO/YR _____ JOB DESCRIPTION _____
STARTING SALARY _____ ENDING SALARY _____ MAY WE CONTACT THIS EMPLOYER? _____
IF NOT, WHY? _____

HOW MANY JOBS HAVE YOU HAD IN THE PAST 10 YEARS THAT ARE NOT LISTED ABOVE? _____

WHY ARE YOU SEEKING A NEW POSITION AT THIS TIME? _____

WHAT IS THE JOB YOU HAVE ENJOYED THE MOST AND WHY? _____

LIST ANY OUTSIDE INTERESTS INCLUDING SPORTS AND EXTRA-CURRICULAR ACTIVITIES YOU ARE ACTIVE IN: _____

BONDING AND MONEY HANDLING SECURITY POLICIES REQUIRE THAT WE ASK THE FOLLOWING QUESTIONS:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

ARE YOU CURRENTLY ON PAROLE? _____ YES _____ NO

ARE YOU AWAITING TRIAL? _____ YES _____ NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, STATE THE NATURE OF THE OFFENSE AND DISPOSITION OF THE CASE. INCLUDE ALL DATES AND PLACES.

NOTE: FELONY CONVICTIONS OR THE EXISTANCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.

I authorize this company to make an investigation of all information contained in this application, and I release from all liability, all companies and corporations supplying such information. I understand any false answers, statements or implications made by me on the application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of the employment, for whatever reason, I release the company to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request, within a reasonable period of time, I will be notified as to the nature and scope of such investigation. I agree to submit to any drug test that may be required of me, whether prior to my employment or during my employment. If requested, I will take a physical exam. Employment will be conditional upon passing such an exam. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including physical, psychological, emotional, or psychiatric condition that is job related, I hereby authorize the limited release and exchange of such medical information relating to my condition. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages and conditions at any time. I have read and understand the above.

APPLICANT SIGNATURE: _____ DATE: _____