

# 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 \_\_\_\_\_ SUPERVISORS 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 \_\_\_\_\_ SUPERVISORS 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: \_\_\_\_\_