



- APPLICATION FOR EMPLOYMENT

ABOUT YOU

Name : _____ Nickname : _____

Social Security # : _____ - _____ - _____ Home Phone : _____ Message Phone : _____

Street Address : _____ City : _____ Zip : _____

Mailing Address : _____ City : _____ Zip : _____

If you listed a message phone above, how often do you check for messages? or how long before you respond to messages? _____

Do you have reliable transportation to meet any scheduled shift? _____

How many miles do you live from Rollerworld? _____ Can you rollerskate? _____ Can you skate backwards? _____

Can you read at a 6th grade level? _____ Have you been convicted of a felony? _____ If yes, give details on the last page.

Birthday : _____ Age : _____ (Answer if you are under 18) Do your parents know you are applying for a job? _____

Do you have any friends or relatives working for us? _____ Who? _____

Can you provide proof that you are over 16 years old? _____ ... over 18 years old? _____ Are you a smoker? _____

Do you have a valid driver's license? _____ License # : _____

Have you had any accidents or moving violations in the past three years? _____ If yes, please provide details on the last page.

Do you have a legal right to work in the U.S. ? _____ Can you provide documentation of your legal right to work? _____

Is there any reason why you could not perform all physical aspects of this job (including the ability to lift up to 50 lb.)? _____ If yes, please provide details on the last page.

Is additional information concerning change of name necessary to check work or education records? _____ If yes, explain.
(continue on the last page if necessary)

Describe your use of drugs and alcohol : (continue on the last page if necessary)

ABOUT THE JOB

For what position are you applying? _____ Hourly wage requested : \$ _____ per : _____

When could you start working for us? _____ How many hours per week do you want to work? _____

Check off when you can not work?

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening
<input type="checkbox"/> anytime	<input type="checkbox"/> anytime	<input type="checkbox"/> anytime	<input type="checkbox"/> anytime	<input type="checkbox"/> anytime	<input type="checkbox"/> anytime	<input type="checkbox"/> anytime

ABOUT YOUR WORK EXPERIENCE

(PLEASE START WITH YOUR MOST RECENT POSITION)

Resume Attached? YES NO

COMPANY _____ Mo/Yr Hired : _____ Mo/Yr Left : _____

Job Title _____ Reason for Leaving : _____

Supervisor's Name : _____ Position : _____ Phone : _____

Co-worker's Name : _____ Position : _____ Phone : _____

Major Responsibilities and Accomplishments :

COMPANY _____ Mo/Yr Hired : _____ Mo/Yr Left : _____

Job Title _____ Reason for Leaving : _____

Supervisor's Name : _____ Position : _____ Phone : _____

Co-worker's Name : _____ Position : _____ Phone : _____

Major Responsibilities and Accomplishments :

ABOUT YOUR EDUCATION

HIGH SCHOOL : _____ City : _____ State : _____ Graduated? _____

No. Yrs. Completed : _____ Major : _____ Verification Phone (_____) _____

COLLEGE : _____ City : _____ State : _____ Graduated? _____

No. Yrs. Completed : _____ Major : _____ Verification Phone (_____) _____

Extracurricular activities :

OTHER COMMENTS

Why would you be a good choice for this position?

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I certify the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies, and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand I must receive satisfactory references from previous employers, co-workers, and subordinates (if any) before an offer of employment can be made. I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for my immediate discharge. I understand that any offer of employment is contingent upon my passing a prescribed physical examination, proving my identity and documenting my right to work. I understand these policies cannot be changed except in writing.

Signature : _____ Print Name : _____ Date : _____