

Employment Application

Hinkle Family Fun Center's Applicant Instructions

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.



1. Please read "Applicant Note."
2. Complete BOTH sides of this form.

Today's DATE: _____ Are you 16 or older? Yes

No

Name: _____

Home Phone: _____ Emergency Phone: _____

Current Address: _____

City: _____ Zip Code: _____

Applicant Note

This application form is intended for use in evaluating your qualifications for employment contracts. Please answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, grounds for termination of your employment. All qualified persons will receive consideration without discrimination because of gender, marital status, race, age, creed, national origin, or presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

What date can you start? _____

What category would you prefer? Full _____ Part _____ Temporary _____

Please indicate your hours/days of availability:

ANYTIME: _____

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening/Night							

Education

Name	City/State	Graduate	Degree
High School			
College			
Other			

Job-Related

Yes _____ No _____ Have you used any name or social security number other than those on this page? If so, please list on the bottom of page.

Please list any other skills, licenses, or certificates the may be job-related or that you feel would be of value to this company:

Employment References: Please note - Your application will not be considered unless every question in this section is answered to the best of your ability. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book if you need one.

Most Recent Employer				
	_____ Yes _____ No		Are you currently working for this employer?	
	_____ Yes _____ No		If yes, may we contact them?	
Company Name _____	City _____	State _____	Phone Number _____	
From: _____	To: _____	Job Title _____	Supervisor's Name _____	
Dates Employed _____				
Duties: _____				
Salary _____	PER _____	Hour, Week, Month _____	Reason for Leaving _____	
Second Most Recent Employer				
	_____ Yes _____ No		Are you currently working for this employer?	
	_____ Yes _____ No		If yes, may we contact them?	
Company Name _____	City _____	State _____	Phone Number _____	
From: _____	To: _____	Job Title _____	Supervisor's Name _____	
Dates Employed _____				
Duties: _____				
Salary _____	PER _____	Hour, Week, Month _____	Reason for Leaving _____	
Third Most Recent Employer				
	_____ Yes _____ No		Are you currently working for this employer?	
	_____ Yes _____ No		If yes, may we contact them?	
Company Name _____	City _____	State _____	Phone Number _____	
From: _____	To: _____	Job Title _____	Supervisor's Name _____	
Dates Employed _____				
Duties: _____				
Salary _____	PER _____	Hour, Week, Month _____	Reason for Leaving _____	

References: Include only individuals familiar with your ability. Do not include relatives.
Who referred you to Hinkle Family Fun Center? _____

Name	Phone	Address	Relationship	Years Known
1.				
2.				

Comments: _____

Certification and Releases: I certify that I have read and understand the "Applicant Note" on page one of this form and that the answers given by me to the foregoing questions and statements are complete and true to the best of my knowledge and belief. I understand that any false information, omissions of misrepresentations may result in rejection of my application or discharge any time during my employment. I authorize the company and/or its agents, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons to whom this may apply to release any information concerning my background from any liability. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Applicant's Signature: _____ **Date** _____

Interviewer's comments: Date _____ Date _____ Date to start work _____
1st Interview 2nd Interview