Breezy Picnic Grounds Waterslides Application for Employment

Pre-Employment Questionnaire • Equal Opportunity Employer

PERSONAL INFORMATION				DATE:				
NAME (LAST NAME FIRST)	NAME (LAST NAME FIRST)		E-MAIL ADDRESS		SOCIAL SEC	SOCIAL SECURITY NUMBER		
PRESENT ADDRESS				CITY	STATE	ZIP CODE		
PERMANENT ADDRESS				CITY	STATE	ZIP CODE		
PHONE NUMBER (INCLUD	ING A/C)	ELL PHONE NUI	MBER	REFERRED BY		DATE OF BIRTH		
PERSON TO CONTACT IN	 CASE OF EMERGENC	Y - NAME, ADD	DRESS, PH	ONE #'s				
EMPLOYMENT DESIR	RED							
POSITION	OSITION		E YOU CAN START		SALARY DESIRED			
ARE YOU CURRENTLY EM	ARE YOU CURRENTLY EMPLOYED? IF SO,		O, MAY BE INQUIRE OF YOUR CURRENT EMPLOYER?					
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?			WHEN?			
EDUCATION HISTORY	<u> </u>							
NAME (& LOCATION OF SCH	OOL		YEARS ATTENDED	DID YOU GRADU	JATE? SUBJECTS STUDI		
GRAMMAR SCHOOL								
HIGH SCHOOL								
COLLEGE								
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL								
GENERAL INFORMAT	TION		•		•			
SUBJECTS OF SPECIAL ST WORK OR SPECIAL TRAIN								
U.S. MILITARY OR NAVAL SERVICE			RANK					
FORMER EMPLOYER	S (List last four em	nployers, star	rting with	the most recent)				
DATE: MONTH & YEAR	NAME & PHONE #	OF EMPLOYER	2	SALARY	POSITION	REASON FOR LEAVIN		
FROM								
TO								
FROM TO	-							
FROM	+		1					
ТО	1							
FROM								
ТО			1	[1		

APPLICATION FOR EMPLOYMENT - CONTINUED ON NEXT PAGE

REFERENCES (Enter contact information below for 3 adult persons, not related to you, whom you have known for at least one year.)

NAME	PHONE #	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE:	SIGNATURE:		
INTERVIEWED BY:		DATE:	
	DO NOT WRITE BELOW	THIS LINE	
REMARKS			