

The Fun Center at Paige's Crossing Application for Employment

Name: _____ Date: _____

Last First Middle

Address: _____

Street Address City/State Zip Code

Telephone #: _____ Date of Birth: ____ / ____ / ____

Date You Can Start: ____ / ____ / ____ Salary Desired: _____

Are You Employed: ____ If Yes,

Where?: _____

May We Inquire of Your Present Employer: _____?

Former Employers

Name/Phone # of Employer	Position	Reason for Leaving
1. _____		
2. _____		
3. _____		

Education

Name of School Attending: _____

Current Grade Level: _____

Position applying for: _____

References

Name	Telephone #	Relationship	Years Known
1. _____			

2. _____

3. _____

Hours Available:

Mon _____ Tues _____ Wed _____ Thurs _____

Fri _____ Sat _____ Sun _____

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 the 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 and 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.”

Date: ___ / ___ / ___ Signature _____

Do Not Write Below This Line

Notes:

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