



Application for Employment

Shall We Play LLC
 P.O. Box 752444
 Las Vegas, NV 89136
 702-721-7974

employment@shallweplaygames.com

Pre-Employment
 Questionnaire
 Shall We Play LLC is an
 equal opportunity employer

Applicant Information

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Social Security Number: _____

Driver's License Number (If applicable to position): _____ State: _____

Are you legally allowed to work in the United States? Yes No

If you are under the age of 18, can you provide a work permit? Yes No If no, please explain: _____

Answering yes to this question does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Have you ever pleaded guilty, no contest, or been convicted of a crime? Yes No

If yes, please give dates and details: _____

Have you ever worked for Shall We Play LLC? Yes No

If yes, provide dates and position: _____

Position applied for: _____ Desired Salary: _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Date Available to Start: _____

Schedule Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Employment History

Last three employers, starting with the most recent

Name of Employer		Phone Number:	
Address :	City :	State:	Zip Code:
Start Date:	Final Date:	Job Title:	Starting Salary: Ending Salary:
Name of Supervisor:		May we contact:	Yes No
Description of Job and responsibilities:			
Reason for Leaving			

Name of Employer		Phone Number:	
Address :	City :	State:	Zip Code:
Start Date:	Final Date:	Job Title:	Starting Salary: Ending Salary:
Name of Supervisor:		May we contact:	Yes No
Description of Job and responsibilities:			
Reason for Leaving			

Name of Employer		Phone Number:	
Address :	City :	State:	Zip Code:
Start Date:	Final Date:	Job Title:	Starting Salary: Ending Salary:
Name of Supervisor:		May we contact:	Yes No
Description of Job and responsibilities:			
Reason for Leaving:			

Military Service

Branch:	From:	To:	Type of Discharge:
If other than honorable, explain			

References

Please provide three NON-Related references whom you have known for at least ONE YEAR

Name:	Phone:
E-Mail:	Years acquainted:
Name:	Phone:
E-Mail:	Years acquainted:
Name:	Phone:
E-Mail:	Years acquainted:

"I certify that the facts contained in this application are true and completed to the best of my knowledge. I understand that if employed, false or misleading information in this application or in interviews(s) shall be grounds for dismissal.

I authorize investigation and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals for all liability when responding to inquiries in connection with my application."

Signature of Applicant:	Date:
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