



185 W. RAWSON AVE
 OAK CREEK, WI 53154
 (414) 762-6200

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____
 ADDRESS: _____ PHONE NUMBER: _____
 CITY: _____ ZIP: _____ ARE YOU 18 OR OLDER? _____ Y _____ N

DESIRED EMPLOYMENT

POSITION APPLYING FOR: _____ SALARY DESIRED: _____
 (PLEASE CIRCLE) RETAIL EVENTS GAME OPERATOR EVENTS SET-UP / WAREHOUSE CREW
 HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ Y _____ N WHEN? _____

HOW DID YOU FIND OUT ABOUT FUN EVENTS?

CRAIGSLIST: _____ WEBSITE: _____ WALK-IN: _____ SIGN OUTSIDE: _____ OTHER: _____
 RELATIVE? _____ WHICH ONE? _____ FRIEND? _____ WHICH ONE? _____

AVAILABILITY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
LIST TIMES AVAILABLE							

NOTE SPECIAL HOURS: _____

EDUCATION

HIGH SCHOOL: _____ LOCATION: _____
 DID YOU GRADUATE? _____ YEAR OF GRADUATION: _____
 TRADE SCHOOL: _____ LOCATION: _____
 DID YOU GRADUATE? _____ YEAR OF GRADUATION: _____
 COLLEGE: _____ LOCATION: _____
 DID YOU GRADUATE? _____ YEAR OF GRADUATION: _____

OTHER SKILLS OR TRAINING

PLEASE LIST ANY OTHER SKILLS THAT YOU FEEL ARE NECESSARY

DO YOU HAVE A VALID DRIVERS LICENSE? _____ Y _____ N

DO YOU HAVE RELIABLE TRANSPORTATION? _____ Y _____ N

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ Y _____ N

IF SO PLEASE EXPLAIN: _____

FORMER EMPLOYERS

PLEASE LIST THE MOST RECENT FIRST.

LIST ANY VOLUNTEER WORK OR CHILD CARE WORK (I.E. BABY SITTING) YOU MAY HAVE DONE.

EMPLOYER: _____ TITLE: _____
PHONE: _____ CITY: _____ STATE: _____
STARTING DATE: _____ LEAVING DATE: _____
FINAL SALARY/WAGE: _____ NAME OF SUPERVISOR: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ TITLE: _____
PHONE: _____ CITY: _____ STATE: _____
STARTING DATE: _____ LEAVING DATE: _____
FINAL SALARY/WAGE: _____ NAME OF SUPERVISOR: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ TITLE: _____
PHONE: _____ CITY: _____ STATE: _____
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EMPLOYER: _____ TITLE: _____
PHONE: _____ CITY: _____ STATE: _____
STARTING DATE: _____ LEAVING DATE: _____
FINAL SALARY/WAGE: _____ NAME OF SUPERVISOR: _____
REASON FOR LEAVING: _____

AUTHORIZATION

I CERTIFY THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE THE INVESTIGATION OF ALL THE 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. I RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM THE UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO RESPONSIBILITY OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR MAKE ANY AGREEMENT CONTRARY TO THE FOR GOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

SIGNATURE _____

DATE _____