

APPLICATION FOR EMPLOYMENT
ADVENTURE ZONE – GENEVA-ON-THE-LAKE, OHIO
 (Pre-employment questionnaire – an equal opportunity employer)



PERSONAL INFORMATION

Last Name _____
 First Name _____ Middle Initial _____
 Present Address _____ City _____ State _____
 Permanent Address _____ City _____ State _____
 Social Security Number _____ Phone (____) _____
 Date you can start _____ Are you 16 years or older? Yes ___ No ___
 Are you employed now? _____ Are you 18 years or older? Yes ___ No ___

EDUCATION

Name of School	Number of years attended	Did you graduate?
High School:		
College:		
Other:		

Do you type? _____ Other Special Skills _____
 Activities/Hobbies _____

FORMER EMPLOYERS

LIST BELOW 3 FORMER EMPLOYERS, STARTING WITH THE MOST RECENT

Dates	Name/Address	Hourly Pay	Position	Reason for Leaving

Which of these jobs did you like best? _____
 What did you like about this job? _____

REFERENCES: Give the names of three people not related to you, whom you have known for at least one year.

Name	Address	Business	Years Acquainted

EMERGENCY CONTACT INFORMATION

In case of emergency, please notify

Name	Address	Phone

I certify that all information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected or, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, then and only when in writing and signed by the president, has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature: _____ Date: _____

-----DO NOT WRITE BELOW THIS LINE-----

Interviewed by: _____

Remarks: _____

Neatness _____ Ability _____ Hired _____ Yes _____ No _____ Position _____

Salary/Wage _____ Date to report to work _____

Approved _____ (Signature of employment manager)

This form is designed to strictly comply with state and federal fair employment practice laws prohibiting employment discrimination.