

In the Zone

Application for Employment

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ City/Zip _____

Phone No. _____ Alt. Phone No. _____

In Case of Emergency, contact: _____ Ph. No. _____

Employment Desired

Circle Position(s) applying for: Skating Rink After School Camp Preschool

Do you have experience in child care? Yes ___ No ___ If Yes, then how many years? _____

Availability M _____ T _____ W _____ TH _____ F _____ SAT _____

Date you can begin: _____ Salary Desired _____

Are you currently employed? Yes ___ No ___ If yes, may we contact employer? Yes ___ No ___

(Please list appropriate information in the Employment History)

At the time of employment, submit verification of your legal right to work in the U. S.? Yes ___ No ___

Education

High School _____ Location _____ Graduate? Yes ___ No ___

College _____ Location _____ Graduate? Yes ___ No ___
Major _____

College _____ Location _____ Graduate? Yes ___ No ___
Major _____

Trade/Business/Graduate School _____ Location _____
Graduate? Yes No Major _____

Please Answer

Why are you interested in becoming an employee with SkateZone/In the Zone? _____

Where did you get the information about the position? _____

In the Zone

Employment History — *list most recent first*

Company Name _____	Supervisor _____	Last Position _____
Address _____	Telephone No. _____	Responsibilities _____

City, State, Zip _____	Dates of Employment _____	_____
Reason for Leaving _____		
Company Name _____	Supervisor _____	Last Position _____
Address _____	Telephone No. _____	Responsibilities _____

City, State, Zip _____	Dates of Employment _____	_____
Reason for Leaving _____		
Company Name _____	Supervisor _____	Last Position _____
Address _____	Telephone No. _____	Responsibilities _____

City, State, Zip _____	Dates of Employment _____	_____
Reason for Leaving _____		

References — *list 3 individuals not related to you*

Name _____	Telephone No. _____
Address _____	
City, State, Zip _____	
Name _____	Telephone No. _____
Address _____	
City, State, Zip _____	
Name _____	Telephone No. _____
Address _____	
City, State, Zip _____	

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

Signature

Date

Office Use Only:

Hire Date: _____	Hired By: _____	
Pay Rate: _____	Employee Initialed: _____	Orientation Date: _____
Age: _____	Date of Birth: _____	SSN#: _____