

#### (PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our company ("Company") fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, The Company maintains a smoke- free workplace.

#### **PILGRIM SKATING ARENA**

POSITION APPLIED FOR:		DATE:
PERSONAL DATA		
Name:	- Anna Anna Burn	and the second s
Last	Middle	First
Street Address:		
City:	State:	Zip Code:
Telephone:		
If you are under 18 years of age, please spec for child labor law purposes).	ify your age: (1	his information will be used only
Please complete the work availability and so	hedule form on page 7.	
Will you work overtime, if required?*	□ Yes □ No	
*Note: It is not necessary for you to identify unavailability for protected classification. Subsequent to any job offer, we want		
How did you learn of our Company?		
Have you ever applied or worked at our Comp	any before? □ <b>Yes</b> □ <b>N</b>	0
If yes, provide dates:		
Are you legally authorized to work in the United	d States? ☐ Yes ☐ No	



Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)? ☐ Yes ☐ No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

DRIVING RECORD  (Answer only if driving is a requirement of the job for which yo	u are applying).	
Do you have a valid driver's license? ☐ <b>Yes</b> ☐ <b>No</b>	State:	License No:
Have you had any tickets? ☐ <b>Yes</b> ☐ <b>No</b>		
If yes, please explain:		

## **EDUCATION**

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated		lf no, Degree	Type of Degree	Malas	Minor	Grade Point/
	Yes	No	Credits Earned	Received or Expected	Major	willion	Overall GPA
High School							
College or University							
Technical/GED							
Licenses/ Certification/Other			. 3-00-				
			v				

## **EMPLOYMENT HISTORY:**



Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name:	Telephone:
Address:	
Name of Supervisor:	
Dates Employed: From:To:	Rate of Pay: Start: Last:
State job titles and describe job duties:	
Reason for leaving:	
Company Name:	Telephone:
Address:	
Name of Supervisor:	
Dates Employed: From:To:	Rate of Pay: Start: Last:
State job titles and describe job duties:	
Reason for leaving:	
Company Name:	Telephone:
Company Name: Address: Name of Supervisor:	
Address:Name of Supervisor:	May we contact: ☐ Yes ☐ No
Address:Name of Supervisor:To:To:	May we contact: ☐ Yes ☐ No Rate of Pay: Start: Last:
Address:Name of Supervisor:	May we contact: ☐ Yes ☐ No Rate of Pay: Start: Last:
Address:  Name of Supervisor:To:To:  Dates Employed: From:To:  State job titles and describe job duties:  Reason for leaving:	May we contact: ☐ Yes ☐ No Rate of Pay: Start: Last:
Address:  Name of Supervisor:To:To:  Dates Employed: From:To:  State job titles and describe job duties:  Reason for leaving:  Company Name:	May we contact: ☐ Yes ☐ NoRate of Pay: Start:Last:Telephone:
Address:  Name of Supervisor:To:To:  Dates Employed: From:To:  State job titles and describe job duties:  Reason for leaving:	May we contact: ☐ Yes ☐ NoRate of Pay: Start:Last: Telephone:
Address:  Name of Supervisor:  Dates Employed: From:To:  State job titles and describe job duties:  Reason for leaving:  Company Name:  Address:  Name of Supervisor:	May we contact: ☐ Yes ☐ NoRate of Pay: Start:Last: Telephone:
Address:  Name of Supervisor:  Dates Employed: From:To:  State job titles and describe job duties:  Reason for leaving:  Company Name:  Address:  Name of Supervisor:	May we contact:
Address:  Name of Supervisor:  Dates Employed: From:To:	May we contact: ☐ Yes ☐ NoRate of Pay: Start:Last:



Have you signed any non-competition or non-solicitation agreement or any other kind of agreement with any other employer that might restrict you from working for the Company (you will be required to furnish a copy of the agreement if you are being considered for hire)?

□Yes □No	,		
If yes, please explain:			
·			
PROFESSIONAL RE	FERENCES (Please list three incalifications for this position.)	dividuals unrelated	to you with whom you
NAME	ADDRESS	PHONE	RELATIONSHIP
Rank at Discharge;	Number of D	ischarge:	
Describe any military skills, tra	aining or experience you believe are r	relevant to the jo	b you applied for:
	700		
LIE DETECTOR TES	STS		
test as a condition of employme subject to criminal penalties and		equire or administe oyer who violates t	er a lie detector this law shall be
I have read and acknowledge the	nis notice:		
Applicant's Signature:			



# APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein and during the entire application process (including but not limited to any criminal record inquiries made following this application, resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.

I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY. I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH THE COMPANY MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT OR CEO OF THE COMPANY.

I understand I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. I agree to sign any additional forms necessary for pre-employment checks and/or tests to be conducted.

Section 1997			
Signature:	 Date	•	

WORK AVAILABILITY & SCHEDULE FORM



	Monday	Tuesday	Wednesday	Thursday	Friday	Coturday	0-1
AM				marsday	riluay	Saturday	Sunday
PM							
				-			