

Employment Application

Applicant Instructions:

Please print clearly and complete both sides of this application. If you have questions or need help to complete please let a manager know and they will do their best to help you. If you are not at the Fun Center when filling out this application please call 505/299-3100 and the Party Office Staff may be able to assist you.



Applicant Note:

This application form is intended for use in evaluating your qualifications for employment contracts. Please answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, grounds for termination of your employment. All qualified persons will receive consideration without discrimination because of gender, marital status, race, age, creed, national origin, or presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

Today's Date _____

Are you 16 or older? Yes No

Name _____
Last First Middle

Home Phone _____ Cell Phone _____ Emergency Phone _____

Emergency Contact _____ Relationship _____

Current Address _____

City _____ State _____ Zip Code _____

What date can you start? _____ Are you interested in: Full Time _____ Part Time _____

Do you have any specific area of interest? _____

Please indicate your hours/days of availability:

ANYTIME: _____ If not please fill in days and times below.

| | Mon. | Tue. | Wed. | Thu. | Fri. | Sat. | Sun. |
|---------------|------|------|------|------|------|------|------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening/Night | | | | | | | |

Education:

| Name | City/State | Graduate | Degree |
|-------------|------------|----------|--------|
| High School | | | |
| College | | | |
| Other | | | |

Job-Related:

Have you used any name other than those on this page? Yes _____ No _____ If so, please list here:

Please list any other skills, licenses, or certificates that may be job-related or that you feel would be of value to this company: _____

Employment Sections: Please note: Your application will not be considered unless every question in this section is answered to the best of your ability. Since we will make every effort to contact your previous employers the correct telephone numbers are critical.

Will this be your first job? If so, go on to personal references. If not, please complete the employment sections.

Most Recent Employer

_____ Yes _____ No Are you currently working for this employer?
 _____ Yes _____ No If yes, may we contact them?

Company Name _____ City _____ State _____ Phone Number _____
 Start date: _____ End date: _____ Job Title _____ Supervisor's Name _____
 Duties: _____
 _____ per _____
 Salary _____ Hour, Week, Month _____ Reason for Leaving _____

Second Most Recent Employer

_____ Yes _____ No Are you currently working for this employer?
 _____ Yes _____ No If yes, may we contact them?

Company Name _____ City _____ State _____ Phone Number _____
 Start date: _____ End date: _____ Job Title _____ Supervisor's Name _____
 Duties: _____
 _____ per _____
 Salary _____ Hour, Week, Month _____ Reason for Leaving _____

Third Most Recent Employer

_____ Yes _____ No Are you currently working for this employer?
 _____ Yes _____ No If yes, may we contact them?

Company Name _____ City _____ State _____ Phone Number _____
 Start date: _____ End date: _____ Job Title _____ Supervisor's Name _____
 Duties: _____
 _____ per _____
 Salary _____ Hour, Week, Month _____ Reason for Leaving _____

Personal References: Include only individuals familiar with your abilities. If you don't have work references perhaps a teacher or other adult who knows you well.

| Name | Phone | Address | Relationship | Years Known |
|------|-------|---------|--------------|-------------|
| 1. | | | | |
| 2. | | | | |

Who referred you to Hinkle Family Fun Center? _____
 Comments: _____

Certification and Release: I certify that I have read and understand the Applicant Note on page one of this form and that the answers given by me to the foregoing questions and statements are complete and true to the best of my knowledge and belief. I understand that any false information, omissions of misrepresentations may result in rejection of my application or discharge any time during my employment. I authorize the company and/or its agents, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons to whom this may apply to release any information concerning my background from any liability. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Applicant's Signature: _____ Date _____

Interviewer's comments:

1st Interview _____ Initials _____ Date _____
 2nd Interview _____ Initials _____ Date _____

Date to start work: _____ Building assigned: _____