



### APPLICATION FOR EMPLOYMENT

1 Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

2 Address: \_\_\_\_\_  
Street City State Zip Code

How long have you lived at this address? \_\_\_\_\_

Prior Address: \_\_\_\_\_  
Street City State Zip Code

3 Home Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

4 Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5 Have you ever been employed under a different name? Yes \_\_\_\_\_ No \_\_\_\_\_

6 Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

7 Are you legally eligible to work in the United States: Yes \_\_\_\_\_ No \_\_\_\_\_

8 Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

An affirmative response to this question is viewed as only part of the employment process. A positive answer will not necessarily bar you from employment, as the nature, severity and date of occurrence are considered in making the employment decision.

- 9 Position(s) applying for: (Circle) **Cashier** **Birthday Host/Hostess** **Counter/Redemption Sales**  
**Game Repair** **Building Maintenance** **Landscaping** **Outside Attendant**  
**Kitchen/Food Prep.** **Go-Kart/Boat/Batting Cage Maintenance** **Management**  
**Group Sales Rep.** **Birthday Party Coordinator** **Admin/Phone/Clerical/Sales**

10 Describe any background experience, military service, education or training which you consider applicable to the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11 Availability for Work: Days of Week \_\_\_\_\_

Hours of Day \_\_\_\_\_

\_\_\_\_\_ 35-40 hrs x week \_\_\_\_\_ 20-35 hrs x week

\_\_\_\_\_ Limited (less than 20 hrs) \_\_\_\_\_ Seasonal/Temporary

If hired, when could you start work? \_\_\_\_\_

12 Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

13 THE ZONE ACTION PARK is a drugfree work place. As a condition of employment you may be required to submit to a substance abuse test. Are you willing to do so? Yes \_\_\_\_\_ No \_\_\_\_\_

14 Persons to contact in event of emergency:

(1) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

(2) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

15 Education:

	Name and Location	Graduated	Years Completed	Course of Study
High School		Yes _____ No _____		
College		Yes _____ No _____		
Technical, Business or Other		Yes _____ No _____		

16 Employment History (if more space is needed, add an extra page)

Please list CURRENT employment first, and work backwards. Do not omit any employers. Explain any breaks in employment.

Company Name: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Street Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

City/State: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Street Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

City/State: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Street Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

City/State \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

I state that the information contained in the foregoing application is true and correct. I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. I agree that, if hired, I will conform to the rules and regulations of THE ZONE ACTION PARK and further agree that my employment is for no definite period of time and can be terminated, with or without cause, and with or without notice, at any time, at the option of either THE ZONE ACTION PARK or myself. I understand that no written or oral statements by THE ZONE ACTION PARK or its representatives are contracts of employment. No employee of THE ZONE ACTION PARK other than the President has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and no such agreement has been made by THE ZONE ACTION PARK in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, consumer reporting agencies and law enforcement agencies to supply any information concerning my background.

If, at the time of termination, I am for any reason indebted to THE ZONE ACTION PARK, whether for merchandise, cash advances, withdrawals, property of THE ZONE ACTION PARK which I have failed to return (including keys), or otherwise, I agree that THE ZONE ACTION PARK shall have the right to make the necessary deductions and withhold from any remuneration or from any reimbursement to which I may be entitled, an amount sufficient to fully cover and completely pay for all of my indebtedness to THE ZONE ACTION PARK. I also agree that in no event shall THE ZONE ACTION PARK be liable for any loss or damage to my personal property.

I further promise and agree to observe all THE ZONE ACTION PARK rules and regulations, to faithfully perform all duties that may be assigned to me, and to promptly inform my employer of any act or misconduct of other people, which comes to my attention and which is considered detrimental to the best interests of THE ZONE ACTION PARK.

I understand that the Polygraph Protection Act of 1988 permits polygraph testing of employees who are reasonably suspected of involvement in a work place incident, such as theft or embezzlement, that resulted in economic loss to the employer.

I understand that I must purchase my uniform shirt, regular and marquee nametags (marquee nametags are optional), and ball caps. The purchase will be made with a signed authorized payroll deduction. I also understand that that this is a uniform purchase and will not be reimbursed, all purchases are final with no refunds. There will be no reimbursements at the time of my termination.

<b>How did you hear about us? (Circle One)</b>	<b>Internet</b>	<b>Our website</b>	<b>Radio</b>	<b>Marquee sign</b>
	<b>Newspaper</b>	<b>School</b>	<b>Teacher</b>	<b>Friend</b>
			<b>Television</b>	

APPLICANT'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

Please give a brief description of what kind of person you are:

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What have you done to make an impact on the people around you?

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What do you want to accomplish in life?

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# BACKGROUND INVESTIGATIONS

NAME:(PRINT) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize Background Investigations to do a background check and release the findings to **THE ZONE ACTION PARK**.  
I furthermore will not hold Background Investigations or **THE ZONE ACTION PARK** liable for any of the findings in my criminal history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To be filled out by **THE ZONE ACTION PARK** below the line.

States:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

Name: (print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_