

APPLICATION FOR EMPLOYMENT CENTER _____

DATE _____

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____
FIRST MIDDLE LAST CITY _____ ZIP _____

PHONE (____) _____ ARE YOU 18 OR OLDER? YES _____ NO _____ IF NO, AGE _____

ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? YES _____ NO _____

HAVE YOU EVER WORKED OR APPLIED HERE OR AT ANOTHER COMMUNITY BOWLING CENTER BEFORE? IF YES,
 DATES & LOCATION _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ PAY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF YES, CAN WE CONTACT YOUR PRESENT EMPLOYER? _____

TOTAL HOURS AVAILABLE
 PER WEEK: _____

HOURS AVAILABLE

	MON	TUES	WED	THUR	FRI	SAT	SUN
FROM							
TO							

HOW DID YOU HEAR OF THE JOB? _____ DO YOU HAVE TRANSPORTATION? _____

DO YOU KNOW ANYONE WHO WORKS HERE? _____ IF SO, WHO? _____

DO YOU HAVE HEALTH PROBLEMS OR PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY
 WORK FOR WHICH YOU ARE BEING CONSIDERED? _____ DESCRIBE: _____

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____
 IF YES, DESCRIBE _____

EDUCATION

	NAME & LOCATION	# OF YEARS ATTENDED	DID YOU GRADUATE?	COURSE OF STUDY
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR OTHER SCHOOL				

MOST RECENT JOBS

DATES WORKED	NAME AND ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES - Persons not related who you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ ADDRESS _____ PHONE _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for my dismissal after employment.

I authorize and request all persons, businesses and organizations to release any requested information to Community Bowling Centers related to verification of employment, academic achievement, licenses, general background and personal character. All information will be proprietary and kept confidential and will not be provided to any parties other than representatives of this Company. I am aware that I have the right to request the nature and scope of the results and preparation of any reports concerning myself or my background. I authorize a photostat of this release to be considered as effective and valid as the original.

I understand that I may be asked to submit to a drug test as a condition of employment.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

I have read or had read to me this release form and I understand, consent and agree to authorize the execution of this release in full by my signature on this date.

Date _____ Signature _____

INTERVIEWER'S NOTES

HIRED: YES NO POSITION _____ RATE _____ START DATE _____

YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS. AFTER THAT YOU MUST RE-APPLY. Rev. 1/5/05