



Date _____

APPLICANT INFORMATION

Last Name	First Name	Middle Name
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Mobile Number	Alternate Number
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Address	City	State	Zip Code
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Email Address _____

Position Applied For	Salary Desired	Date Available
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Hours Available						
MON	TUE	WED	THU	FRI	SAT	SUN

EDUCATION AND TRAINING

HIGH SCHOOL

Name	Address	City	State	Zip Code
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Years Completed	Graduate?	Diploma

VOCATION/BUSINESS/TECHNICAL

Name	Address	City	State	Zip Code
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Years Completed	Graduate?	Diploma/Degree/License/Certificate

COLLEGE/UNIVERSITY

Name	Address	City	State	Zip Code
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Years Completed	Graduate?	Diploma/Degree/License/Certificate

LICENSE/CERTIFICATION

	License/Certification Number	Issuing State	Expiration Date	Has license ever been revoked or suspended?
Cardiopulmonary Resuscitation (CPR) Certification				<input type="checkbox"/> YES <input type="checkbox"/> NO
First Aid Certification				<input type="checkbox"/> YES <input type="checkbox"/> NO
Guard Card (Security Officer)				<input type="checkbox"/> YES <input type="checkbox"/> NO
Baton Permit (Security Officer)				<input type="checkbox"/> YES <input type="checkbox"/> NO
Ice Skating Institute (Skating Professional)				<input type="checkbox"/> YES <input type="checkbox"/> NO
USA Hockey (Skating Professional)				<input type="checkbox"/> YES <input type="checkbox"/> NO
Other:				<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

CURRENT/MOST RECENT EMPLOYER

Name	Address	Type of Business	
Name and Title of Supervisor	Phone Number	Start Date	End Date
Job Title	Duties	Reason for Leaving	

PREVIOUS EMPLOYER

Name	Address	Type of Business	
Name and Title of Supervisor	Phone Number	Start Date	End Date
Job Title	Duties	Reason for Leaving	

PREVIOUS EMPLOYER

Name	Address	Type of Business	
Name and Title of Supervisor	Phone Number	Start Date	End Date
Job Title	Duties	Reason for Leaving	

REFERENCES

#1

Name	Occupation	Years Acquainted		
Address	City	State	Zip Code	Phone Number

#2

Name	Occupation	Years Acquainted		
Address	City	State	Zip Code	Phone Number

#3

Name	Occupation	Years Acquainted		
Address	City	State	Zip Code	Phone Number

CERTIFICATION AND AUTHORIZATION

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. **Please initial:** _____

I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. **Please initial:** _____

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. **Please initial:** _____

Signature

Date