

# Application for Employment

Pre-Employment Questionnaire  
An Equal Opportunity Employer

## Personal Information

Name \_\_\_\_\_  
Last First MI

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

How long have you lived in the area: \_\_\_\_ years \_\_\_\_ months Telephone# \_\_\_\_/\_\_\_\_/\_\_\_\_

## General

Position Applying For: \_\_\_\_\_ Date Available for Work \_\_\_\_\_

Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you over 17 years of age? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you able to work a night shift, overtime or weekends if needed? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you legally eligible for employment in this country? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you willing and able to meet travel requirements? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you been previously employed by the Company? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you previously applied for work at the Company? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you been convicted of a crime in the last 10 years? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain: \_\_\_\_\_

Driver's License number if driving is an essential job function: \_\_\_\_\_ State \_\_\_\_\_

## Physical Requirements of Employment with Service Department:

Can you stand, walk, sit for extended periods of time? \_\_\_\_\_ yes \_\_\_\_\_ no

Can you stoop, kneel, crouch for extended periods of time? \_\_\_\_\_ yes \_\_\_\_\_ no

Can you lift or push 100 pounds or more? \_\_\_\_\_ yes \_\_\_\_\_ no

## Military Service Record

Have you served in the Armed Forces of the United States? \_\_\_\_\_ yes \_\_\_\_\_ no

Branch of Service \_\_\_\_\_ Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Military Training \_\_\_\_\_

## Education

Name of Institution	Address/City/State	Major	Last Year Completed	Degree
High School				
College/Tech				
Trade/Correspondence/ Business				

## Skills and Qualifications

Special Training Skills, Licenses and/or Certificates that may qualify you for employment:

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## Employment History

Employer/Company Name _____	Dates of Employment
Address _____	From: _____ Month Year
City, State, Zip Code _____	To: _____ Month Year
Phone Number _____	
Supervisor's Name & Title _____	Rate of Pay
Job Titles and Duties _____	Starting: _____ per _____
Reason for Leaving _____	Ending: _____ per _____

Employer/Company Name \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Address \_\_\_\_\_ From: \_\_\_\_\_  
Month Year  
City, State, Zip Code \_\_\_\_\_ To: \_\_\_\_\_  
Month Year  
Phone Number \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Job Titles and Duties \_\_\_\_\_ Starting: \_\_\_\_\_ per \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Ending: \_\_\_\_\_ per \_\_\_\_\_

Employer/Company Name \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Address \_\_\_\_\_ From: \_\_\_\_\_  
Month Year  
City, State, Zip Code \_\_\_\_\_ To: \_\_\_\_\_  
Month Year  
Phone Number \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Job Titles and Duties \_\_\_\_\_ Starting: \_\_\_\_\_ per \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Ending: \_\_\_\_\_ per \_\_\_\_\_

Employer/Company Name \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Address \_\_\_\_\_ From: \_\_\_\_\_  
Month Year  
City, State, Zip Code \_\_\_\_\_ To: \_\_\_\_\_  
Month Year  
Phone Number \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Job Titles and Duties \_\_\_\_\_ Starting: \_\_\_\_\_ per \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Ending: \_\_\_\_\_ per \_\_\_\_\_

## References

List name & telephone number of three business/work references who are not related to you:

<u>Name</u>	<u>Telephone</u>	<u>Business</u>	<u>Years Known</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

### Please Read Before Signing

This application will be given every consideration, but acceptance does not guarantee that the applicant will be hired. Your application will be considered active for a period of ninety days from the date received.

I certify that the information provided in this application and/or accompanying resume is true and complete. I acknowledge that any misrepresentation, falsification, or omission may be grounds for rejection of my application; or if discovered after I am employed, such misrepresentation, falsification or omission may result in termination of my employment.

I also understand that the information supplied by me, including but not limited to my Employment History, Education, Criminal History, Motor Vehicle Record, Residence History and References will be utilized as part of the processing procedures. I understand that a background investigation may be conducted to verify the veracity of the information submitted. I hereby authorize Midstate Amusement Games LLC, the worksite employer and their agents to make a thorough investigation of my past employment, companies and corporations supplying that information. I release and indemnify Midstate Amusement Games LLC, the worksite employer and their agents against any and all claims, suits, causes of action, liability and damages associated with or arising in any way from such investigations.

I understand that I may be required to undergo a physical examination and drug/alcohol screen by a medical facility selected by Midstate Amusement Games LLC as a condition of my employment. I further understand I must successfully pass the drug/alcohol screen and be judged to be physically able to perform the essential job functions, with reasonable accommodations, if necessary, to be considered for employment.

I hereby release Midstate Amusement Games LLC including all of their offices, agents, representatives and employees, from any and all claims, suits, causes of action, liability and damages associated with or arising from my submission to this physical examination and drug/alcohol screen.

In consideration of my employment, I agree that my employment and compensation are "at-will" and for no definite or determinable period and can be terminated with or without cause or notice, at any time, at the option of the Company or myself. I agree that neither this application nor any other personnel form (i.e., handbook, benefit enrollment forms, etc.) constitutes an employment contract, express or implied, with the Company. No promises or representatives contrary to the foregoing are binding on the Company unless made in writing and approved in writing by the Company's owner.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_