

**Post Road Recreation Center
Employment Application**

**PLEASE PRINT ALL
INFORMATION REQUESTED**

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.					DATE _____				
Name _____									
Last	First	Middle	Maiden	MALE / FEMALE					
Present address _____									
Number		Street			City		State		Zip
How long lived there? _____					Social Security No. _____ - _____ - _____				
Phone () _____			Cell _____			DATE OF BIRTH: _____			
Your age _____		County you live in _____			Number of Dependents _____				
Position applied for TRACK ATTENDANT MECHANIC ARCADE PIZZA SHOP OTHER _____									
DESIRED SALARY _____ (Be specific) Are you still in school? If yes, what grade? _____ GRADE AVERAGE: _____									
How many hours can you work weekly? _____ Can you work nights and every weekend? _____									
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME									
EMERGENCY CONTACT NAME AND PHONE _____									

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
OTHER				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Do you own your own car? Yes No How many minutes would it take to get to work? _____

What is your means of transportation to work? _____

Describe below why you should work for us.

EXPERIENCE

Work Experience

Name _____
Position _____
Company _____
Address _____
Supervisor's Name _____
Telephone () _____

Name _____
Position _____
Company _____
Address _____
Supervisor's Name _____
Telephone () _____

HAVE YOU EVER BEEN FIRED FROM A JOB? Yes No
(IF YES, PLEASE EXPLAIN ON LAST PAGE).

References

NAME _____ PHONE _____ OCCUPATION _____
NAME _____ PHONE _____ OCCUPATION _____
NAME _____ PHONE _____ OCCUPATION _____

IF YOU DO NOT FULLY UNDERSTAND THE FOLLOWING STATEMENTS, ASK FOR FURTHER DETAILS BEFORE SIGNING THIS APPLICATION.

THE MOST IMPORTANT QUALITIES YOU MUST POSSES FOR THIS JOB ARE: 1) THE ABILITY TO RECOGNIZE AND ELIMINATE UNSAFE SITUATIONS FOR BOTH YOURSELF AND OUR CUSTOMERS. 2) YOU MUST BE HONEST, TRUSTWORTHY, RELIABLE, AND SET A GOOD EXAMPLE FOR OTHER STAFF MEMBERS AS WELL AS OUR CUSTOMERS. 3) YOU MUST DISPLAY A FRIENDLY, UPBEAT AND HAPPY PERSONALITY.

I UNDERSTAND THAT I MUST FOLLOW ALL SAFETY PROCEDURES COMPLETELY AS INSTRUCTED, AND AS STATED IN THE STAFF GUIDELINES. I FURTHER AGREE THAT FAILURE TO FOLLOW PROCEDURES HEREBY RELEASES MY EMPLOYER FROM ANY AND ALL LIABILITY, COSTS, LOSS OF INCOME, WOKER'S COMPENSATION, OR ANY OTHER FUTURE COMPLICATIONS ARISING FROM MY ACTIONS. FURTHER, I AM AWARE THAT MY ACTIONS MAY BE RECORDED ON SURVIELLANCE CAMERAS, OF WHICH CAN BE USED TO PROVE ANY UNSAFE PROCEDURES OR ILLEGAL ACTIVITY ON MY BEHALF.

Yes No

I UNDERSTAND WHAT CONSTITUTES PROFESSIONAL AND PROPER BEHAVIOR.

Yes No

I UNDERSTAND THAT IT IS CONSIDERED THEFT TO PERFORM ANY ACTION WHICH CAUSES LOSS OF INCOME TO THE OWNERS, SUCH AS, BUT NOT LIMITED TO: ACCEPTING BRIBES FROM CUSTOMERS, FAILING TO TURN IN ATTRACTION TICKETS OR LOST AND FOUND ITEMS, OR LETTING FRIENDS RECEIVE ITEMS OR SERVICES FOR FREE, ALL FOR WHICH I CAN BE PROSECUTED.

Yes No

SIGNATURE _____ **DATE** _____

APPLICATION FORM WAIVER
PLEASE READ CAREFULLY

In exchange for the consideration of my job application by POST ROAD RECREATION CENTER (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company may have a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment may be based on the successful passing of testing under such policy, (4) in the event of a work-related injury, a drug and alcohol screening must first be passed successfully before the Company will assume any incident-related medical expenses. I further understand that I may be held personally liable for injuries and/or medical expenses incurred to others if I fail a screening within (1) one hour of the time of the incident, and that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

I understand that Post Road Recreation Center has set Staff Guidelines that are designed to protect my safety and the safety of others, and promise to follow them completely during the course of my employment. In addition, I understand that these guidelines are not to be misconstrued through the misrepresentation of other staff members. In the event that I am injured by my failure to follow the procedures outlined in the Staff Guidelines, I shall hold Post Road Recreation Center faultless and blameless for any and all liabilities for injuries resulting from my actions. I HAVE READ THIS DISCLAIMER AND UNDERSTAND IT COMPLETELY.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

