



EL PASO

APPLICATION FOR EMPLOYMENT

Food Handler's Card Info:

El Paso Health Department

(915) 212-0200

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 Have you ever been employed under a different name? Yes _____ No _____

5 Are you at least 18 years of age? Yes _____ No _____

6 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.

7 Position(s) applying for: (Circle) **Cashier** **Birthday Host/Hostess** **Counter/Redemption Sales**

Game Repair **Building Maintenance** **Landscaping** **Outside Attendant**

Kitchen/Food Prep. **Go-Kart and Boat Maintenance** **Management**

Group Sales Rep. **Birthday Party Coordinator** **Admin/Phone/Clerical/Sales**

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

9 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? _____

10 Are you presently employed? Yes _____ No _____

11 ADVENTURE ZONE is a drug free 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 _____

12 Persons to contact in event of emergency:

(1) Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

(2) Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

13 Education:

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

14 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 ADVENTURE ZONE 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 ADVENTURE ZONE or myself. I understand that no written or oral statements by ADVENTURE ZONE or its representatives are contracts of employment. No employee of **ADVENTURE ZONE 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. ADVENTURE ZONE 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 ADVENTURE ZONE, whether for merchandise, cash advances, withdrawals, property of ADVENTURE ZONE which I have failed to return (including keys), or otherwise, I agree that ADVENTURE ZONE 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 ADVENTURE ZONE. I also agree that in no event shall **ADVENTURE ZONE be liable for any loss or damage to my personal property.**

I further promise and agree to observe all ADVENTURE ZONE 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 interest of ADVENTURE ZONE.

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 may purchase additional uniform shirts (the first uniform shirt is free), nametags, and ball caps. I also understand that additional uniform purchases are voluntary and will not be reimbursed, all purchases are final with no refunds. There will be no reimbursements at the time of my termination.

How did you hear about us? (Circle One)

Facebook	Newspaper	School	Teacher	Friend	Television
Internet			Our website	Radio	Marquee sign

Other Social Media (which one?) _____

APPLICANT'S SIGNATURE _____ Date: _____

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

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

What do you want to accomplish in life?



BACKGROUND INVESTIGATIONS



NAME:(PRINT) _____ DATE OF BIRTH ____/____/____

DRIVER LICENSE # _____ STATE: _____

SOCIAL SECURITY # _____ - _____ - _____

I hereby authorize ADVENTURE ZONE to do a background check.

I furthermore will not hold ADVENTURE ZONE liable for any of the findings in my criminal history.

Signature: _____ Date: _____