

Miracle's Cosmic Bowling & Pizzeria

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last name _____ First name _____ Middle name _____
Street Address _____ City _____ State _____
ZIP _____ Telephone _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You will be required to provide documentation.) Yes No

Are you looking for full or part-time employment? Full Part-Time

Have you ever been convicted of a felony? (This will not necessarily affect your application.)
Yes No If yes, please describe.

Position _____ applied _____ for _____

Have you ever applied for employment here? Yes No
When _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

Date _____ you _____ can
start _____

Please _____ list _____ applicable
skills _____

Education *School Name and Location* *Year* *Major* *Degree(Yes No)*
High _____ _____ _____ _____
School

College

Other _____ _____ _____ _____
Training

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

Employment History (*Start with most recent employer*)

Company _____ _____ _____ _____ _____
Name
Address

Telephone

Date Started _____ *Starting Wage* _____ *Starting Position* _____

_____ *Date Ended* _____ *Ending Wage* _____ *Ending Position* _____

Position _____ *Name of Supervisor* _____ *May we*

contact? Yes No

Responsibilities

Reason for

leaving _____

Company _____ _____ _____ _____ _____
Name

Address _____ _____ _____ _____ _____
Telephone

Telephone

Starting Position _____ *Date Started* _____ *Starting Wage* _____

Date Ended _____ *Ending Wage* _____ *Ending Position* _____

_____ *Name of Supervisor* _____ *May we contact?*

Yes No

Responsibilities

Reason for

leaving _____

Company _____ Name
Address _____

Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact?

Yes No

Responsibilities _____

Reason for leaving _____

Company _____ Name
Address _____

Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact?

Yes No

Responsibilities _____

Reason for leaving _____

References List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years
Known _____ Address _____

Name _____ Phone _____
Years _____ Known _____ Address _____

Name _____ Phone _____ Years
Known _____ Address _____

Emergency Contact *In case of emergency, please notify:*

Name _____ Phone _____
Address _____

Please read before signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application. I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees. In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I also understand that I must use direct deposit as a means to receive payment. I understand that if given company property (shirts, hats, etc.) that I must return these articles if my employment ceases for any reason. If I fail to do so, I understand that I will be charged for these items. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____