EMPLOYMENT APPLICATION FOR CHEWIE'S PLAYLAND

Information:							
First Name:			Last Name:				
Address:							
Home Phone:							
Cell Phone:			Text Message Enabled:		Yes	NO	
Email:							
Social Secruity#							
Method of Contact:	Home Cel	l Email	Text				
Position Applied For				Desired Salary:			
Date Available:				Type:	Full	Part	Seasonal
	Monday						
	Tuesday						
Hours Available if Hired:	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
Holidays & Weekends	This job requires staff to do 2 weekend shifts a month and 2-3 Holiday Shifts a year, are you able to committ to this? () YES () NO						
Are you over 18?	() YES () NO, If no do you require a work permit? () YES () NO						
Restrictions	Do you have any restrictions that may prevent you from doing this job or may need things modified? If yes please explain:						
Background Check:	Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain.						

Education:							
High School or GED:	Name:Year Graduated: Studies:						
Post High School:	Name: Year Graduated: Studies:						
Post High School:	Name: Year Graduated: Studies:						
Other Certification/ Training:	Please Explain:						
Military:	Please list Dates/Ranks/Training:						
Work History:	Please List Your 2 Most recent employers/positions. All information must be completed. You may attach a resume to include more detail.						
Most Recent:	Is this your current employer? () NO () YES May we contact this employer for references? () NO ()YES Company Name: City/State: Starting Pay: Starting Position: Supervisor: Job Duties/Responsibilities: Reason for Leaving:						
2 nd Most Recent:	Company Name: City/State: Starting Pay: Starting Position: Supervisor: Job Duties/Responsibilities: Reason for Leaving:						

	IF YOU SENT A RESUME NO NEED TO FILL THIS PORTION OUT								
Volunteer Work:									
Hobbies:									
Interests:									
References:	Please give a person, work-related and if you have management experience someone that you have managed or supervised								
	Name:				Years Known:				
	Relation: _								
	Phone:		E	-mail:					
	Name:				Years Known:				
	Relation: _								
	Phone:		E	-mail:					
	Name:				Years Known:				
	Relation: _								
	Phone:		E	-mail:	_				
The above informa	ition is true and	l correct.							
I authorize the Cor my qualifications fo		-	ation, past empl	oyment, history, ar	nd references as needed to research				
		_			and right to work in the United States will be used for the completion				
I hereby acknowle	edge that I have	e read and agree	e to the above s	tatements.					
				Data					
Signature									
Office Use ONLY: Attached Resume	:								
Contacted: Emaile	ed:	Phone:	Tex	t:					
Interview: () I	Phone:	()	In-Person:						
Working Interview	v Date:								