



Employment Application

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran status, or disability

Personal

Name _____ Social Security No. _____
LAST First Middle

Current Address _____
Street City State Zip Code

How long have you lived at this address? _____ Telephone No. (____) _____

Job Applied For: Customer Service Rep Snack Bar Skate Rental
(Check All That Apply)
 Operations Pro Shop
(Must Be 18) (Must Be 18)

Emergency Contact _____ (____) _____
Name Relationship Phone

How did you learn of this opening? _____ Rate of pay expected \$ ____ per ____

Availability

List weekly availability:

Check here if available anytime

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

How many hours per week would you like to work? _____

How Would You Rate Yourself

(1=Improvement needed 2=OK 3=Good 4=Top Performer)

<input type="checkbox"/>	Energy level:	Your Sense of urgency, self motivation, and enthusiasm
<input type="checkbox"/>	Communication Skills:	Your ability to follow instructions, express ideas clearly, and accept feedback
<input type="checkbox"/>	Hospitality:	Your natural friendliness and customer service skills
<input type="checkbox"/>	Reliability:	Your dependability, attendance, self discipline, and dedication
<input type="checkbox"/>	Personal Pride:	Your appearance, hygiene, and achievement
<input type="checkbox"/>	Teamwork:	Your cooperation with others and ability to work as a team

1. What achievement in life are you most proud of? _____

2. What are your personal strengths? _____

3. What are your weakest areas? _____

4. Where do you see yourself in five years? _____

5. Why would you like to work here? _____

Can you perform the essential functions of this job with or without accommodations? Yes No

If no, please describe in full: _____

Do you have a reliable source of transportation to work? Yes No

Do you have any friends or relatives that are currently working for The Cooler? Yes No

If yes, state relationship to you _____

(All Items on Reverse Side Must Be Completed)

Past Employment

Name, Phone, and City of Company	From	Position Held		Starting Wage	Ending Wage	Reason For Leaving	Name of Supervisor
	To	Title	Duties				
_____ (____) _____ _____				\$ _____ Per _____	\$ _____ Per _____		
_____ (____) _____ _____				\$ _____ Per _____	\$ _____ Per _____		
_____ (____) _____ _____				\$ _____ Per _____	\$ _____ Per _____		

References (Not Former Employers or Relatives)

Name and Address	Occupation	Phone Number
		(____) _____
		(____) _____
		(____) _____

Education

School	Name of School	Years Attended		Circle Last Year Completed	Did you Graduate?	Diploma, Degree, or Major	Grade Average
		From	To				
High				1 2 3 4			
College/VoT				1 2 3 4			

Background

(Circle appropriate response below)

Are you 18 years of age or older? Yes No If No, Date of Birth: _____ - _____ - _____

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of any crime, including misdemeanors? Yes No

Have you ever been convicted of a crime involving violence to another person? Yes No

Have you ever been convicted of a crime involving dishonesty? Yes No

Are you currently serving probation for any misdemeanor offense? Yes No

Have you ever been counseled or disciplined for cash handling violations? Yes No

Have you ever been counseled or disciplined for being absent or late from work or school? Yes No

If you have answered yes to any of the above, please describe in full: _____

In the event you are required to use your personal or company automobile to conduct company business please complete the following:

Do you have a valid drivers license? Yes No If yes, _____

Do you have automobile liability insurance? Yes No (State) (Number)

IMPORTANT - READ BEFORE SIGNING

I certify that information given herein is true and complete to the best of my knowledge.
 The Cooler, Alpharetta Family Skate Center LLC, complies with the Fair Credit Reporting Act of 1996. I authorize the investigation of all statements and reference contained in this employment application as may be necessary in arriving at an employment decision, including requests for criminal, credit, or motor vehicle driving reports. I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand that this employment application and other company documents are not contract of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. If any company policy requires, I am willing to submit drug testing to detect the use of illegal drugs before and during employment.

Signed _____ Date: _____