



APPLICATION FOR EMPLOYMENT

"WE ARE AN EQUAL OPPORTUNITY EMPLOYER"

Applicant's Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____ Date Available to Start _____

Do You Smoke _____ Have you worked here before? _____ If Yes, where _____ Why did you leave? _____

Do you personally know anyone employed by Skaters Choice Skate Centers? _____

Position Desired Manager Cashier Office Concession Skating Floor
 Skate Room Stuff Shop D.J. Other _____

Have you ever been convicted of a felony? Yes No

Availability

(Skaters Choice is seeking Applicants with availability during weekends, and holidays)

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

Education

	Name	Location	# Years Attended	Course of Study	Graduate
High School					
College or University					
Other School or Training					



Employment History

(list Names and Addresses of Previous Employers Start with Present or Latest Employer and Account for all Periods of Time)

Name of Company	Position Held	Salary Start	Reason For Leaving	From
Address of Company	Supervisor	Salary End		To

Explanation of Responsibilities _____

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References

Name	Occupation	Phone Number

In signing this application for employment, I understand that any misrepresentation or omission of a material fact may be cause for cancellation of this application or, if I am hired, immediate dismissal. I agree that Skaters Choice employment maybe terminated because of the falsity of statements, answers or omissions made by me on this application. I understand that I may be asked to submit to a physical exam, lab test, and background investigation, and if so required, I must pass such tests to the satisfaction of Skaters Choice before any offer of employment is made. I agree to sign an authorization to release such information as may be necessary for such investigation to be conducted. In signing this Agreement, I understand that Skaters Choice may procure a background check or consumer report on me. I also understand I have the right to request information regarding the scope and nature of the report. Furthermore, I understand that if I obtain employment with Skaters Choice my employment will not be for a fixed period of time and that I can be terminated at any time by the Company or me, with or without cause, without liability to me for wages, salary or benefits except what I have earned as of the date of termination.

Date _____ Applicant's Signature _____