

Shooters All-Season Paintball Application for Employment

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Date of Birth: _____ Social Security #: _____

Home Phone: _____ Cell Phone: _____

Do you have reliable transportation to and from work? _____ What? _____

Have you ever been convicted of a felony? _____

If yes, what were the charges? _____

Emergency Contact Information

Name: _____ Cell: _____ Relation to you: _____

Availability

Enter time you are available to work each day. If you are available all day, mark "Any".

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

From							
To							

Work History

1. Company: _____ From _____ To: _____

Address: _____

Position Held: _____ Supervisor: _____ Phone Number _____

Reason for Leaving: _____

2. Company: _____ From _____ To: _____

Address: _____

Position Held: _____ Supervisor: _____ Phone Number _____

Reason for Leaving: _____

3. Company: _____ From _____ To: _____

Address: _____

Position Held: _____ Supervisor: _____ Phone Number _____

Reason for Leaving: _____

Education

Highest Level Completed	Name of Institution	Degree/Certificate
-------------------------	---------------------	--------------------

Qualifications

1. Do you play paintball?_____ How often a month?_____ How many years?_____
2. Why do you want to work at Shooters All-Season Paintball? _____

3. Experienced working on paintball equipment?_____ If yes, describe your skills _____

4. Have you ever refereed paintball games? _____ Tournaments?_____ If yes, where and when?_____
5. Do you have experience with larger groups of 20+?_____ If yes, where and when?_____
6. Do you have experience with greeting guest and providing customer service?_____ If yes, where and when?_____
7. Do you have experience with working with young children?_____ If so, please rate your ability and comfort level _____
8. Do you have experience in retail operating a cash register?_____ Credit Card Machine?_____
9. Do you have any medical issues of which we should be aware? _____
10. Do you have any prior commitments/activities that will affect your job here? (school, second job, etc.)
_____ If yes, what? _____
11. What skills do you possess that you feel would benefit your performance and this business? _____

Please email application and current resume to: info@shootersallseasonpaintball.com

Management will respond via email within 7 to 10 days. Thank you for your interest in our company!