

Employment Application

An Equal Opportunity Employer

PERSONAL INFORMATION:

TODAY'S DATE _____

NAME: _____

LAST

FIRST

MIDDLE

CURRENT ADDRESS _____

STREET

CITY

STATE

ZIP

PREVIOUS ADDRESS _____

STREET

CITY

STATE

ZIP

PHONE # _____ DOB _____ AGE _____ MARITAL STATUS _____

ARE YOU AN UNITED STATES CITIZEN? [] Y [] N SOCIAL SECURITY # _____

IF NOT, ARE YOU ELIGIBLE TO LAWFULLY BE EMPLOYED IN THE UNITED STATES BECAUSE OF VISA OR

IMMIGRATION STATUS? [] Y [] N EXPIRATION DATE OF VISA _____

POSITION APPLYING FOR:

POSITION _____ DATE YOU CAN START _____ DESIRED PAY _____

HAVE YOU EVER WORKED FOR AN ESCPE ROOM BEFORE? [] Y [] N WHEN? _____

REFERRED BY _____

PREVIOUS EMPLOYERS: LIST BELOW YOUR LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT EMPLOYER

CURRENT EMPLOYER NAME _____ POSITION _____

DATES WORKED FROM _____ TO _____ REASON FOR LEAVING _____

SUPERVISOR NAME _____ PHONE # _____

CURRENT EMPLOYER ADDRESS _____ SALARY _____

CITY

STATE

FORMER EMPLOYER NAME _____ POSITION _____

DATES WORKED FROM _____ TO _____ REASON FOR LEAVING _____

SUPERVISOR NAME _____ PHONE # _____

FORMER EMPLOYER ADDRESS _____ SALARY _____

CITY

STATE

FORMER EMPLOYER NAME _____ POSITION _____

DATES WORKED FROM _____ TO _____ REASON FOR LEAVING _____

SUPERVISOR NAME _____ PHONE # _____

FORMER EMPLOYER ADDRESS _____ SALARY _____

CITY

STATE

EDUCATION

	NAME AND LOCATION OF SCHOOL	# YEARS	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, OTHER				

CONTINUED ON NEXT PAGE

COMPUTER SKILLS _____

WORK EXPERIENCE _____

U.S. MILITARY SERVICE [] Y [] N BRANCH _____ DATES _____

REFERENCES: FIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOW AT LEAST ONE YEAR.

1. NAME _____ YEARS KNOWN _____
BUSINESS _____ ADDRESS _____
CITY STATE

2. NAME _____ YEARS KNOWN _____
BUSINESS _____ ADDRESS _____
CITY STATE

3. NAME _____ YEARS KNOWN _____
BUSINESS _____ ADDRESS _____
CITY STATE

EMERGENCY CONTACT:

NAME _____ PHONE # _____
ADDRESS _____ RELATIONSHIP _____

NAME _____ PHONE # _____
ADDRESS _____ RELATIONSHIP _____

I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE JACKSON ESCAPE GAMES RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S OWNER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE OWNER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I UNDERSTAND BY SIGNING THIS APPLICATION, JACKSON ESCAPE GAMES HAS THE AUTHORITY TO CONDUCT A BACKGROUND CHECK ON ME INCLUDING CALLING MY PREVIOUS EMPLOYER FOR EMPLOYMENT VERIFICATION.

APPLICANT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

CALLED FOR INTERVIEW _____ DATE _____ BY _____
INTERVIEWED BY _____ DATE _____
REMARKS _____

NEATNESS _____ ABILITY _____ INTEREST _____
HIRED [] Y [] N POSITION _____ START DATE _____ PAY _____
APPROVED BY _____