



APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE	TODAY'S DATE ___/___/___	
PHYSICAL ADDRESS (STREET)		CITY	STATE	ZIP CODE
PRIMARY PHONE (___)___-___	ALTERNATE PHONE	SOCIAL SECURITY #	ARE YOU AT LEAST 16-YEARS-OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU 18 OR OVER? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>				
HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY TO, A FELONY OR MISDEMEANOR, INCLUDING DRIVING UNDER THE INFLUENCE OF INTOXICANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>IF YES, LIST DATE(S), OFFENSE(S), AND WHERE CONVICTED. ATTACH A SEPARATE SHEET W/ INFORMATION IF NECESSARY. (NOTE: A CONVICTION IS NOT NECESSARILY A BAR FOR EMPLOYMENT. CONVICTIONS WILL BE CONSIDERED ONLY AS RELATED TO THE JOB APPLIED FOR.)</small>				
IS THERE ANYTHING TO CAUSE YOU TO MISS WORK AT LEAST ONCE PER MONTH? YES <input type="checkbox"/> NO <input type="checkbox"/>				
DO YOU HAVE YOUR OWN MODE OF TRANSPORTATION? IF NO, PLEASE DESCRIBE.				

PLACEMENT INFORMATION

POSITION APPLIED FOR	ANY <input type="checkbox"/>	ARE YOU INTERESTED IN
REGISTER <input type="checkbox"/>	PROCESSING <input type="checkbox"/>	INTERNET <input type="checkbox"/>
FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>
TEMPORARY <input type="checkbox"/>		
HOURS AVAILABLE	SUNDAY(1-6)	MONDAY(10-7)
	TUESDAY(10-7)	WEDNESDAY(10-7)
	THURSDAY(10-8)	FRIDAY(10-8)
	SATURDAY(10-8)	
DATE AVAILABLE TO BEGIN	IF TEMPORARY, DATE LEAVING	
___/___/___	___/___/___	

EMPLOYMENT HISTORY

LIST ALL EMPLOYERS WITH CURRENT OR MOST RECENT EMPLOYMENT FIRST. ACCOUNT FOR ALL TIME PERIODS, INCLUDING MILITARY SERVICE

PRESENT/LAST EMPLOYER		CONTACT TELEPHONE (___)-___-___	SUPERVISOR'S NAME
ADDRESS (CITY, STATE)		DATES EMPLOYED ___/___/___ TO ___/___/___ <small>MONTH / YEAR MONTH / YEAR</small>	LAST PAY RATE/SALARY
POSITION	REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT		
SUMMARY OF DUTIES			
PREVIOUS EMPLOYER		CONTACT TELEPHONE (___)-___-___	SUPERVISOR'S NAME
ADDRESS (CITY, STATE)		DATES EMPLOYED ___/___/___ TO ___/___/___ <small>MONTH / YEAR MONTH / YEAR</small>	LAST PAY RATE/SALARY
POSITION	REASON FOR LEAVING		
SUMMARY OF DUTIES			

PAGE-3'S GAMEZONE DOES NOT DISCRIMINATE IN HIRING OR TERMS OR CONDITIONS OF EMPLOYMENT ON THE BASIS OF RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER BASIS UPON WHICH DISCRIMINATION IS PROHIBITED BY MUNICIPAL, STATE, OR FEDERAL LAW. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION THAT MAY BE USED FOR DISCRIMINATORY PURPOSES.

PREVIOUS EMPLOYER		CONTACT TELEPHONE ()- -	SUPERVISOR'S NAME
ADDRESS (CITY, STATE)		DATES EMPLOYED / / TO / / MONTH / YEAR MONTH / YEAR	LAST PAY RATE/SALARY
POSITION	REASON FOR LEAVING		
SUMMARY OF DUTIES			

PREVIOUS EMPLOYER		CONTACT TELEPHONE ()- -	SUPERVISOR'S NAME
ADDRESS (CITY, STATE)		DATES EMPLOYED / / TO / / MONTH / YEAR MONTH / YEAR	LAST PAY RATE/SALARY
POSITION	REASON FOR LEAVING		
SUMMARY OF DUTIES			

EDUCATION RECORD

LIST LAST HIGH SCHOOL AND ALL BUSINESS/TRADE SCHOOLS AND COLLEGES ATTENDED		
NAME AND LOCATION (CITY, STATE) OF SCHOOL	MAJOR / MINOR	DEGREE/DIPLOMA

PRODUCT KNOWLEDGE

BRIEFLY DESCRIBE YOUR KNOWLEDGE/EXPERIENCE WITH ANY/ALL OF OUR PRODUCT LINES INCLUDING HOBBIES.

REFERENCES

LIST 2 REFERENCES BELOW THAT WE MAY CONTACT WHO ARE FAMILIAR WITH YOUR WORK PERFORMANCE. USE PERSONAL REFERENCES, NOT RELATIVES, ONLY IF YOU HAVE NO EMPLOYMENT REFERENCES.			
NAME	OCCUPATION	CONTACT TELEPHONE ()- -	YEARS KNOWN
MAILING ADDRESS			CHECK ONLY ONE: EMPLOYMENT REF. <input type="checkbox"/> PERSONAL REF. <input type="checkbox"/>
NAME	OCCUPATION	CONTACT TELEPHONE ()- -	YEARS KNOWN
MAILING ADDRESS			CHECK ONLY ONE: EMPLOYMENT REF. <input type="checkbox"/> PERSONAL REF. <input type="checkbox"/>

IMPORTANT: PLEASE READ, SIGN, AND DATE

- I DECLARE THAT ALL STATEMENTS AND ANSWERS ON THIS APPLICATION ARE TRUE AND COMPLETE AND AGREE THAT ANY UNTRUTH, MISLEADING ANSWER, OMISSION, CONCEALMENT, OR FAILURE TO ANSWER ANY QUESTION FULLY, COMPLETELY, AND ACCURATELY WILL BE GROUNDS FOR TERMINATING MY EMPLOYMENT OR WITHDRAWAL OF THE EMPLOYMENT OFFER.
- I AUTHORIZE PAGE-3'S GAMEZONE TO INVESTIGATE MY REFERENCES, TO COMMUNICATE WITH MY FORMER EMPLOYERS CONCERNING THE SAME, AND TO MAKE AN INDEPENDENT BACKGROUND INVESTIGATION OF MY CHARACTER, CONDUCT AND EMPLOYMENT RECORD, AND TO KEEP AND PRESERVE RECORDS OF SUCH INVESTIGATIONS.
- THE COMPLETION OF AN APPLICATION DOES NOT OBLIGATE PAGE-3'S GAMEZONE TO OFFER EMPLOYMENT, OR ME TO ACCEPT EMPLOYMENT. ANY EMPLOYMENT OFFERED OR ACCEPTED IS NOT CONFINED TO A FIXED TERM AND MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE.
- I UNDERSTAND THAT FEDERAL LAW REQUIRES ALL PERSONS TO SUBMIT PROPER DOCUMENTATION TO VERIFY THEY ARE AUTHORIZED TO LEGALLY WORK IN THE UNITED STATES. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME WILL RESULT IN IMMEDIATE TERMINATION.
- I UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A BACKGROUND INVESTIGATION.
- I UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE CONTINGENT UPON AND SUBJECT TO CONSENTING TO AND UNDERGOING DRUG TESTING, THE RESULTS OF WHICH MUST BE SATISFACTORY.

SIGNATURE OF APPLICANT _____

DATE _____