



EMPLOYMENT APPLICATION

Date _____

APPLICANT INFORMATION

Last Name | First Name | Middle Name

Mobile Number | E-mail Address

Address | City | State | Zip Code

Position Applied For | Salary Desired | Date Available

Hours Available						
MON	TUE	WED	THU	FRI	SAT	SUN

For Pasadena Ice Skating Center Positions Only:

Previous Experience in a Job Working with Children or Youth: _____

Interest Regarding Work with Children or Youth: _____

Education or Training Related to Work with Children or Youth: _____

EDUCATION AND TRAINING

HIGH SCHOOL

Name | City | State

1 2 3 4 | Yes No
Years Completed | Graduate? | Diploma

VOCATION/BUSINESS/TECHNICAL

Name | City | State

1 2 3 4 | Yes No
Field of Study | Years Completed | Graduate? | Diploma/Degree/License/Certificate

COLLEGE/UNIVERSITY

Name | City | State

1 2 3 4 | Yes No
Field of Study | Years Completed | Graduate? | Diploma/Degree/License/Certificate

LICENSE/CERTIFICATION

	License/Certification Number	Issuing State	Expiration Date	Has license ever been revoked or suspended?
Cardiopulmonary Resuscitation (CPR) Certification				<input type="checkbox"/> YES <input type="checkbox"/> NO
First Aid Certification				<input type="checkbox"/> YES <input type="checkbox"/> NO
Guard Card (Security Officer)				<input type="checkbox"/> YES <input type="checkbox"/> NO
Baton Permit (Security Officer)				<input type="checkbox"/> YES <input type="checkbox"/> NO
Ice Skating Institute (Skating Professional)				<input type="checkbox"/> YES <input type="checkbox"/> NO
USA Hockey (Skating Professional)				<input type="checkbox"/> YES <input type="checkbox"/> NO
Other:				<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

CURRENT/MOST RECENT EMPLOYER

Name	Address	Type of Business		
Name and Title of Supervisor	Phone Number	Start Date	End Date	
Job Title	Duties	Reason for Leaving		

PREVIOUS EMPLOYER

Name	Address	Type of Business		
Name and Title of Supervisor	Phone Number	Start Date	End Date	
Job Title	Duties	Reason for Leaving		

REFERENCES (persons not related to you)

#1

Name	Occupation	Years Acquainted
E-mail	Phone Number	

#2

Name	Occupation	Years Acquainted
E-mail	Phone Number	

#3

Name	Occupation	Years Acquainted
E-mail	Phone Number	

AUTHORIZATION

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. **Please initial:** _____

I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. **Please initial:** _____

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. **Please initial:** _____

Signature

Date