



FAMILY ENTERTAINMENT CENTER

3310 FM 1092
Missouri City, Texas 77459
(281) 403-3456

Application for Employment

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.

Today's Date: Position Sought:

How did you hear about Fun Tiki?

Personal Information

Name Date

Address City State Zip

Home Phone Office Phone

Other Phone

Email Address:

Social Security Number:

On what date would you be available for work? Desired Wage/Salary \$

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [checkbox] Y [checkbox] N

Have you ever been convicted of a felony? [checkbox] Y [checkbox] N

If yes, please describe circumstances:

Have you ever been involuntarily terminated or asked to resign from any position of employment? [checkbox] Y [checkbox] N

If yes, please describe circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test? [checkbox] Y [checkbox] N

Education

Table with 5 columns: School Name, Location, Years Attended, Degree Received, Major

Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking:

Employment History

Most Recent First

1. Employer
Job Title
Dates Employed
Prior Position Held within Company (if any):
Address
City State Zip
Phone
Job Title Supervisor

Starting Salary _____ Ending _____
Salary _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____
Job Title _____
Dates Employed _____
Prior Position Held within Company (if any): _____
Address _____
City _____ State _____ Zip _____
Phone _____
Job Title _____ Supervisor _____
Starting Salary _____ Ending _____
Salary _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____
Job Title _____
Dates Employed _____
Prior Position Held within Company (if any): _____
Address _____
City _____ State _____ Zip _____
Phone _____
Job Title _____ Supervisor _____
Starting Salary _____ Ending _____
Salary _____
Duties Performed _____
Reason for Leaving _____

Acknowledgement and Authorization

Please Mark Each Box And Initial If You Agree.

- _____ I certify that answers given herein are true and complete to the best of my knowledge.
- _____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- _____ This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- _____ I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- _____ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date