

Application for Employment

Please fill out form completely for employment consideration.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name	First	Middle	Social Security No.	Date
Street Address				Home Phone ()
City, State, Zip			Email Address:	
What was your previous address?				How long at present address?
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn of our organization?				
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full.				
Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain.				
Drivers License #:		State:	Any Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year)
	From To
Rank at Discharge	Date of Final Discharge

Employment History Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

2.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

3.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

Do not contact We may contact the employers listed above unless you do not want us to contact them.	Employer Number(s)
	Reason _____

Availability: Please list all times that you are available to work. If available any time on a certain day, please write Open in the AM slot and Close in the PM slot.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
____ AM	____ AM	____ AM	____ AM	____ AM	____ AM	____ AM
____ PM	____ PM	____ PM	____ PM	____ PM	____ PM	____ PM

References: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Phone Number	Business	Years Acquainted
1.			
2.			
3.			

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained, you must provide at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature

**Please return completed application to:
 Creekside Lanes
 1450 Trademart Blvd
 Winston Salem, NC
 336-771-9800**