

**APPLICATION FOR EMPLOYMENT  
ADVENTURE ZONE – GENEVA-ON-THE-LAKE, OHIO  
(Pre-employment questionnaire – an equal opportunity employer)**



**PERSONAL INFORMATION**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Present Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Date you can start \_\_\_\_\_ Are you 16 years or older? Yes \_\_\_ No \_\_\_  
 Are you employed now? \_\_\_\_\_ Are you 18 years or older? Yes \_\_\_ No \_\_\_

**EDUCATION**

Name of School	Number of years attended	Did you graduate?
High School:		
College:		
Other:		

Do you type? \_\_\_\_\_ Other Special Skills \_\_\_\_\_  
 Activities/Hobbies \_\_\_\_\_

**FORMER EMPLOYERS**

**LIST BELOW 3 FORMER EMPLOYERS, STARTING WITH THE MOST RECENT**

Dates	Name/Address	Hourly Pay	Position	Reason for Leaving

Which of these jobs did you like best? \_\_\_\_\_  
 What did you like about this job? \_\_\_\_\_

**REFERENCES:** Give the names of three people not related to you, whom you have known for at least one year.

Name	Address	Business	Years Acquainted

**EMERGENCY CONTACT INFORMATION**

In case of emergency, please notify

Name	Address	Phone

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 or, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company 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 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 its president, then and only when in writing and signed by the president, has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

Interviewed by: \_\_\_\_\_

Remarks: \_\_\_\_\_

Neatness \_\_\_\_\_ Ability \_\_\_\_\_ Hired \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Position \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Date to report to work \_\_\_\_\_

Approved \_\_\_\_\_ (Signature of employment manager)

This form is designed to strictly comply with state and federal fair employment practice laws prohibiting employment discrimination.