

Outlaw Pass Application

Employment Application

Full Name: _____ Date: _____

Address: _____
 Street Address _____ City _____ State _____ ZIP code _____

Phone: _____ Email: _____

In order to work here, you must be at least 17 years of age. If you are a minor, can you provide proof of age with a birth certificate or driver's license? Yes _____ No _____

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? _____ Yes _____ No
 If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

Work availability- Please list the hours you can work each day (start and end times):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
closed						

Are you interested in Full-Time or Part-Time Work? Full-Time Part-Time

Do you have responsibilities that would limit your availability to work? (Military obligations, second job, etc.)
 Yes No If yes, please explain:

Work Experience – Start with most recent

Employer Name _____ Supervisor Name _____

Employer Address _____ City _____ State _____ Zip _____

Employer Phone # _____ May we contact this employer: Yes _____ No _____

Dates of Employment: Start Date _____ End Date _____

Reason for Leaving (Please be specific): _____

Employer Name _____ Supervisor Name _____

Employer Address _____ City _____ State _____ Zip _____

Employer Phone # _____ May we contact this employer: Yes _____ No _____

Dates of Employment: Start Date _____ End Date _____

Reason for Leaving: _____

Education

High School:	Grade you are in:	Or...	Yr. of Graduation:
College:	Did you Graduate? Yes No		Diploma/Degree:
Technical/other/Training:	Did you Graduate? Yes No		Degree:

Continue on back

References

Please list *three professional* references. (Non-friend & Non-related; a former boss, teacher, pastor, coach, or club leader.)

1. Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
2. Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
3. Full Name: _____ Relationship: _____
 Company: _____ Phone: _____

Skills Sheets – Please check the following that apply:

- I...
- | | | |
|--|--|---|
| <input type="checkbox"/> Make my bed. | <input type="checkbox"/> Work better independently. | <input type="checkbox"/> Wake up with the roosters. |
| <input type="checkbox"/> Clean my room when I have to. | <input type="checkbox"/> Have computer skills. | <input type="checkbox"/> Am a night owl. |
| <input type="checkbox"/> Have reliable transportation. | <input type="checkbox"/> Enjoy working under pressure. | <input type="checkbox"/> Like working outside. |
| <input type="checkbox"/> Get along well with others. | <input type="checkbox"/> Work better at my own speed. | <input type="checkbox"/> Not afraid of hard work. |
| <input type="checkbox"/> Do my job & the right thing when no one is looking. | <input type="checkbox"/> Enjoy working with children. | <input type="checkbox"/> Am detailed oriented. |
| <input type="checkbox"/> Tend to be quiet and shy. | <input type="checkbox"/> Smile all the time. | <input type="checkbox"/> Can multi-task. |
| <input type="checkbox"/> Work well with others. | <input type="checkbox"/> Handle correction respectfully. | <input type="checkbox"/> Speaks more than one language. |
| <input type="checkbox"/> Am respectful and have good manners. | <input type="checkbox"/> Don't let myself get bogged with details. | <input type="checkbox"/> |

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

This application will not be considered if not filled out personally & correctly by applicant.

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal.

I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.

I agree to undergo any type of drug and/or alcohol testing that the Company may require at any time.

Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the Company may terminate my employment at any time, with or without notice or reason.

Applicant Signature: _____

Date: _____