

# THE INFLATABLE FUN FACTORY

Employment Application



## APPLICANT INFORMATION

|   |  |                              |                             |  |                             |
|---|--|------------------------------|-----------------------------|--|-----------------------------|
| Last Name                                 |  | First                        |                             | M.I.   | Date                        |
| Street Address                            |  |                              |                             | Apartment/Unit #                               |                             |
| City                                      |  | State                        |                             | ZIP  |                             |
| Phone                                     |  | E-mail Address               |                             |  |                             |
| Date Available                            |  | Social Security No.          |                             | Desired Salary                                 |                             |
| Position Applied for                      |  |                              |                             |  |                             |
| Are you a citizen of the United States?   |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? |                             |
|   |  |                              |                             | YES <input type="checkbox"/>                   | NO <input type="checkbox"/> |
| Have you ever worked for this company?    |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                             |
| Have you ever been convicted of a felony? |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                             |

## EDUCATION

|             |    |                   |                              |                             |        |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School |    | Address           |                              |                             |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College     |    | Address           |                              |                             |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other       |    | Address           |                              |                             |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

## REFERENCES

*Please list three professional and Personal references.*

|           |  |               |
|-----------|--|---------------|
| Full Name |  | Relationship  |
| Company   |  | Phone (     ) |
| Address   |  |               |
| Full Name |  | Relationship  |
| Company   |  | Phone (     ) |
| Address   |  |               |
| Full Name |  | Relationship  |
| Company   |  | Phone (     ) |
| Address   |  |               |