

Volunteer Application

THE HALLS OF TERROR

Various Federal, State and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability, pregnancy or marital status. Super Fun Inc. is an equal opportunity employer and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.



Today's Date: / /
Month Day Year

LAST NAME		FIRST	MIDDLE INITIAL		SOCIAL SECURITY NUMBER		
HOME ADDRESS			CITY		STATE	ZIP CODE	
HOME PHONE		OTHER PHONE (Beeper, Cellular)			WHAT IS THE BEST TIME TO CONTACT YOU?		
POSITION APPLYING FOR		WHEN CAN YOU START		ARE YOU INTERESTED IN (CHECK ALL THAT APPLY)			
				<input type="checkbox"/>]-PART TIME <input type="checkbox"/>]-FULL TIME <input type="checkbox"/>]-FRI-SUN <input type="checkbox"/>]-SUMMER			
PLEASE INDICATE DAYS & TIMES AVAILABLE				HOW WERE YOU REFERRED TO SUPER WHEELS?			
DAY	MON	TUE	WED	THUR	FRI	SAT	SUN
From							
To							
NOTE: Should your availability change, it is your responsibility to notify management in writing				<input type="checkbox"/> Walk In Application <input type="checkbox"/> Community Organization <input type="checkbox"/> School / College <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other			

EDUCATION

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DEGREE / AREA OF STUDY	YEARS ATTENDED	GRADUATE	
HIGH SCHOOL				YES <input type="checkbox"/>	NO <input type="checkbox"/>
COLLEGE				YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER				YES <input type="checkbox"/>	NO <input type="checkbox"/>

SPECIAL SKILLS

ARE YOU PROFICIENT IN MATH?	ARE YOU FLUENT IN ANY OTHER LANGUAGE BESIDES ENGLISH? IF SO, WHICH?	ARE YOU MECHANICALLY INCLINED?
DO YOU PERFORM WELL UNDER PRESSURE?	DO YOU KNOW HOW TO SKATE? (DO YOU OWN YOUR OWN SKATES, WHAT KIND?)	DO YOU KNOW HOW TO COOK?

REFERENCES

BUSINESS REFERENCES: (DO NOT LIST RELATIVES)

NAME	BUSINESS	ADDRESS	PHONE	YEARS KNOWN

HOBBIES / INTERESTS

EMPLOYMENT HISTORY

LIST EMPLOYMENT STARTING WITH YOUR MOST RECENT POSITION. ACCOUNT FOR ANY TIME DURING THIS PERIOD THAT YOU WERE UNEMPLOYED BY STATING THE NATURE OF YOUR ACTIVITIES. **MAY WE CONTACT YOUR PRESENT EMPLOYER?** -YES -NO **PAST EMPLOYER?** -YES -NO (Please indicate if you were employed under a different name.)

DATES	COMPANY NAME, SUPERVISOR, ADDRESS & PHONE	POSITION, DUTIES PERFORMED	SALARY	REASON FOR LEAVING
FROM: _____ / _____ MONTH YEAR	COMPANY NAME			
TO: _____ / _____ MONTH YEAR	SUPERVISOR			
	ADDRESS PHONE			
FROM: _____ / _____ MONTH YEAR	COMPANY NAME			
TO: _____ / _____ MONTH YEAR	SUPERVISOR			
	ADDRESS PHONE			
FROM: _____ / _____ MONTH YEAR	COMPANY NAME			
TO: _____ / _____ MONTH YEAR	SUPERVISOR			
	ADDRESS PHONE			
FROM: _____ / _____ MONTH YEAR	COMPANY NAME			
TO: _____ / _____ MONTH YEAR	SUPERVISOR			
	ADDRESS PHONE			

HAVE YOU PREVIOUSLY WORKED FOR A SKATING CENTER? -YES -NO POSITION HELD _____
 FACILITY NAME: _____ DATES EMPLOYED: FROM _____ TO _____
 REASON FOR LEAVING: _____ MANAGER: _____

LEGAL

ARE YOU A U.S. CITIZEN OR DO YOU HAVE A LEGAL RIGHT & NECESSARY DOCUMENTS TO WORK IN THE U.S.? -YES -NO
 (IDENTITY AND EMPLOYMENT ELIGIBILITY OF ALL NEW HIRES WILL BE VERIFIED AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986)

DRUG POLICY

THIS COMPANY IS COMMITTED TO THE GROWTH, DEVELOPMENT AND SECURITY OF OUR EMPLOYEES AND GUESTS OF ALL AGES WHILE WITHIN OUR FACILITY. EMPLOYEES ARE EXPECTED TO PROJECT AN APPROPRIATE BEHAVIOR AND GOOD MORAL VALUES. THEREFORE, IT IS IMPERATIVE THAT A DRUG FREE ENVIRONMENT BE MAINTAINED. NO EMPLOYEES WILL BE PERMITTED TO SMOKE OR CHEW TOBACCO PRODUCTS WHILE ON DUTY. ANY EMPLOYEES ENGAGING IN SUBSTANCE ABUSE, CONVICTED OF SUBSTANCE ABUSE, MAY RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT. ANY USE OF PRESCRIPTION OR OVER THE COUNTER DRUGS THAT MAY IMPAIR THE EMPLOYEE'S LEVEL OF AWARENESS OR JUDGEMENT, SHOULD BE REPORTED TO MANAGEMENT SO THE EMPLOYEES DUTIES CAN BE REASSIGNED OR RESCHEDULED. ANY EXTENDED USE OF PRESCRIPTION DRUGS WHICH MAY IMPAIR THE EMPLOYEES AWARENESS OR JUDGEMENT REQUIRE A PHYSICIAN'S NOTE INDICATING THAT THE EMPLOYEE IS CAPABLE OF FUNCTIONING WITHOUT RESTRICTIONS TO THEIR JOB DESCRIPTION. IF YOU KNOW OF AN EMPLOYEE THAT IS ENGAGING IN SUBSTANCE ABUSE, PLEASE SEE THE OPEN DOOR PROCEDURE. YOUR NAME WILL REMAIN ANONYMOUS. IN SHORT, THIS IS A DRUG FREE WORKPLACE. MANAGEMENT CANNOT GIVE OVER THE COUNTER DRUGS TO ANY EMPLOYEE UNDER THE AGE OF EIGHTEEN (18) YEARS, UNLESS AUTHORIZED IN WRITING BY A PARENT OR LEGAL GUARDIAN. THIS IS SOLELY FOR LIABILITY AND INSURANCE PURPOSES.

MANAGEMENT RESERVES THE RIGHT TO DRUG TEST ANY EMPLOYEE AT RANDOM.

PLEASE READ CAREFULLY

I UNDERSTAND THAT, WITH MY AUTHORIZATION, AN INVESTIGATION MAY BE MADE WHEREBY INFORMATION IS OBTAINED REGARDING MY CHARACTER, PREVIOUS EMPLOYMENT, GENERAL REPUTATION, EDUCATIONAL BACKGROUND, CREDIT RECORD AND/OR CRIMINAL HISTORY.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN IMMEDIATE DISMISSAL. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH BY SUPER FUN INC.

I UNDERSTAND AND AGREE THAT IF EMPLOYED, THE EMPLOYMENT WILL BE "AT WILL". THAT IS, EITHER I OR SUPER FUN INC. MAY END MY EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, OR FOR NO REASON. I UNDERSTAND THAT RECEIPT OF THIS APPLICATION BY SUPER FUN INC. DOES NOT IMPLY EMPLOYMENT AND THAT THIS APPLICATION AND/OR ANY OTHER SUPER FUN INC. DOCUMENTS ARE NOT CONTRACTS OF EMPLOYMENT.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A COPY OF A LEGAL PHOTO ID

APPLICANTS NAME (PRINTED)

APPLICANTS SIGNATURE

DATE