

WESTCHESTER SKATING ACADEMY

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Application Date: _____

Referred By: _____

Social Security Number: _____

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Telephone Number
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Address	No. and Street	City	State	Zip Code
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Are you under 18 years of age? _____ If yes, do you have a work permit? _____ U.S. citizen? _____

Have you ever been convicted of a misdemeanor or felony? _____

If yes, please provide details: _____

EMPLOYMENT BACKGROUND

Date you can start: _____ Salary Desired: _____ Position Applied for: _____

Are you currently employed? _____ If so, may we contact your current employer? _____

If you have applied to this company before, please indicate where and when:

If you have ever worked for this company before, please indicate when and position held:

Do you want a full or part time position? _____ Shift or Hours Preferred: _____

Do you have special skills, experience, or qualifications related to the position(s) for which you have applied?

Do you have any physical limitations that would hinder your performance in the position for which you have applied? _____ If yes, please provide details:

Have you ever worked in an ice arena before? _____ If yes, please provide details:

Do you have "guest service" experience? _____ If yes, please provide details:

Do you have "guest service" experience? _____ If yes, please provide details:

Do you have ice skating experience? _____ If yes, please provide details:

Why do you want to become a Westchester Skating Academy colleague? _____

PREVIOUS EMPLOYMENT

Please explain any gap in employment history below.

Please list most recent employment first:	<u>Name and Location</u>	<u>Position</u>	<u>Salary</u>	<u>Reasons for Leaving</u>
1. From				
To				
2. From				
To				
3. From				
To				
4. From				
To				

EDUCATIONAL HISTORY

LANGUAGES SPOKEN: _____

School Level	Name and Location of School	Years Attended	Date Graduated	Subjects Studied/ Majors
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/ PROFESSIONAL/ BUSINESS SCHOOL				

PERSONAL REFERENCES

Please list 3 non-relatives whom you have known for at least 1 year and would recommend you for employment:

Name and Address	Telephone	Relationship/yrs known
1.		
2.		
3.		

EMPLOYER REFERENCES Please list last 3 employment references :

Supervisors Name / Title	Business Name / Address /Telephone	Position / Job Description
1.		
2.		
3.		

In Case of
Emergency Notify:

Name	Address	City/State	Zip Code	Phone #
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I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ Signature: _____

The civil rights act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Some states prohibit discrimination because of age. The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. If the state prohibits the request of any information on this form, this information will not be used to discriminate against possible employment.