

**SPRINGFIELD BOWLING CENTER  
EMPLOYMENT APPLICATION**

Applicants are considered for all positions without discrimination as to race, color, age, sex, ancestry, national origin, non job related disability, marital or veteran status or religion. Applicants may be required to take a urine test for illegal drugs and can be dropped from consideration for employment if the test is positive.

PERSONAL: DATE \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
                     Last                                      First                                      Middle

PRESENT ADDRESS \_\_\_\_\_  
                                     No.                      Street                                      City                      State                      Zip Code

Are you over 18 years of age? \_\_\_\_\_ If not, state your age \_\_\_\_\_

List any friends or relatives currently working for us \_\_\_\_\_

Are you a U.S. citizen or national, an alien lawfully admitted to permanent residence or an alien authorized to work in the U.S.?  
                     Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, describe in full \_\_\_\_\_

REFERENCE:

1. \_\_\_\_\_  
                     Name                                      Relation                                      Phone                                      How long have you known this person?

2. \_\_\_\_\_  
                     Name                                      Relation                                      Phone                                      How long have you known this person?

EDUCATION:

List highest grade currently completed \_\_\_\_\_ Are you currently attending school? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you are currently attending school, please specify: \_\_\_\_\_

Did you graduate from High School? \_\_\_\_\_ Yes \_\_\_\_\_ No College? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYMENT RECORD:

ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY, STARTING WITH PRESENT OR MOST RECENT

Employed by: \_\_\_\_\_ From Mo./Yr. \_\_\_\_\_ To Mo./Yr. \_\_\_\_\_

                    Co. name & phone                                      Position Held                                      Rate of Pay

Supervisors Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employed by: \_\_\_\_\_ From Mo./Yr. \_\_\_\_\_ To Mo./Yr. \_\_\_\_\_

                    Co. name & phone                                      Position Held                                      Rate of Pay

Supervisors Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employed by: \_\_\_\_\_ From Mo./Yr. \_\_\_\_\_ To Mo./Yr. \_\_\_\_\_

                    Co. name & phone                                      Position Held                                      Rate of Pay

Supervisors Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your present or most recent employer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your previous employer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

(Complete Reverse Side)

AVAILABILITY:

Please list by day your hours of availability. We do encourage flexibility

MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_

SATURDAY \_\_\_\_\_ SUNDAY \_\_\_\_\_

Please Read:

I certify that the answers given are herein are true and complete to the best of my knowledge. I understand that any false or misleading statements or omissions on this application or interview(s) may prevent my employment or if employed, result in discharge. I agree to undergo physical examination by a physician selected by the Company, at any time before or during employment.

If, following submission of this application I wish at any time to change or limit my availability to start work, I must notify my employer in writing. I recognize these changes could result in loss of employment.

I understand and agree, that if hired, that I am required to abide by all rules and regulations of the company, and my employment is for no definite period, that wages, benefits and conditions can be changed at any time, and my employment may be terminated at will at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security # \_\_\_\_\_