Learn To Skate



Employment Application

		Applicant I	nforma	ation			
Full Name:					Date:		
	Last	First			M.I.	_	
Address:							
	Street Address					Apartment/Unit ‡	#
	City				State	ZIP Code	
Phone:			Email				
Date Availal	ole:	Social Security No.:					
Position App	olied for:						
Are you a ci	tizen of the United States	YES NO	If no, a	are you	authorized to	YES work in the U.S.?	NO
Have you ev	er worked for this compa	YES NO	If yes,	when?_			
Have you ev	er been convicted of a fe	YES NO lony?					
If yes, expla	in:						
		Educ	ation				
High Schoo	l:	Address:					
From:	To:	Did you graduate?	YES	NO	Diploma::		
College:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:		Address:					
From:	To:		YES	NO	Degree:		
		Refere	ences				
Please list	three professional refere	nces.					
Full Name:					Relatio	onship:	
Company:					F	Phone:	

Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
	Previous E	mployme	ent		
Company:		_		Phone:	
Address:				Outro a maile a ma	
Job Title:	Starting S	Starting Salary:			
Responsibili	ities:				
From:	To:			j:	
May we con	tact your previous supervisor for a reference?	YES	NO		
Please desc	cribe your previous skating experience.				
	Disclaimer a	nd Signa	iture		
I certify that	t my answers are true and complete to the be	st of my kr	nowledge.		
If this applic	cation leads to employment, I understand that ay result in my release.				
Signature:				Date:	