



APPLICATION FOR EMPLOYMENT

Date _____

As an equal opportunity employer, Triple Play, Inc does not discriminate in hiring or terms and conditions of employment because of an individual's race, creed, color, gender, age, disability, religion or national origin.

PERSONAL INFORMATION

Print Full Name: _____ Home phone: () _____
Message Phone: _____ Cell Phone: _____ Fax: _____
Current Address: _____ City: _____ St. _____ Zip _____
Previous Address: _____ City: _____ St _____ Zip _____
Length of time at current address: _____ Length of time at previous address: _____

Position you are applying for: _____ How many hours/week are you available to work? _____
Hours available each day: SUN: _____ MON: _____ TUE: _____ WED: _____ THUR: _____
FRI: _____ SAT: _____

EMPLOYMENT HISTORY

List employment starting with your most recent positions. Account for any time during this period in which you were unemployed by stating the nature of your activities.

MAY WE CONTACT YOUR CURRENT EMPLOYER? _____

Company: _____ From: _____ To: _____ Wage: _____
Address: _____ City: _____ St. _____ Zip: _____
Supervisor: _____ Reason for leaving _____
Duties Performed: _____ Phone: _____

Company: _____ From: _____ To: _____ Wage: _____
Address: _____ City: _____ St. _____ Zip: _____
Supervisor: _____ Reason for leaving _____
Duties Performed: _____ Phone: _____

Company: _____ From: _____ To: _____ Wage: _____
Address: _____ City: _____ St. _____ Zip: _____
Supervisor: _____ Reason for leaving _____
Duties Performed: _____ Phone: _____

EDUCATION

HIGH SCHOOL _____ City: _____ ST _____
Number of years completed: _____ Graduated: _____ GPA: _____ Activities: _____
_____ Dates Attended – From _____ To _____

COLLEGE: _____ City: _____ ST _____
Number of Years Completed: _____ Graduated: _____ GPA: _____ Courses Taken: _____
_____ Dates Attended – From _____ To _____

OTHER: _____ City: _____ ST _____
Number of Years Completed: _____ Graduated: _____ GPA: _____ Courses Taken: _____
_____ Dates Attended – From _____ To _____

EXPERTISE/HELPFUL SKILLS

MISCELLANEOUS

What form of transportation do you have available to you? _____

Who referred you to Triple Play? _____ List Friends or relatives presently employed by Triple Play _____ Which position, if any, would you prefer to not be considered for? _____

Wage you need in order to accept employment: _____

Are you at least 16 years old? _____ Are you at least 19 years of age? _____ If 19 years or older, are you willing to sell beer or wine? _____ During the next 12 months will you need to be absent from work for more than one week? _____ If so, when? _____

Have you ever been convicted of a felony? _____ If "yes", please explain: _____

(conviction of a crime does not automatically disqualify an applicant from consideration)

Do you suffer from any medical conditions or have any physical, mental or legal concerns which would require assistance for you to perform or which would prevent you from being able to perform any of the following tasks?

Handling cashier sales: _____ cooking: _____ Hosting children's parties: _____ Fixing mechanical equipment: _____ dumping trash containers: _____ cleaning restrooms: _____ other: _____

REFERENCES

Name: _____ City: _____ Phone: _____

Name: _____ City: _____ Phone: _____

Name: _____ City: _____ Phone: _____

Emergency Contact Person: _____ Home Phone: () _____

Work Phone: _____ Cell Phone: _____

Relationship to you: _____ Place of Employment _____ City: _____

Home Address: _____ City _____ ST _____ Zip _____

PLEASE READ THIS STATEMENT CAREFULLY

I hereby Affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification will be grounds for immediate dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, personal characteristics, employment, educational background, and criminal record, whichever may be applicable. I understand that this investigation may include personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, and others with whom I am acquainted. It is my understanding that any falsification or omission either on this form or in my responses to questions asked during any interview or other examination process is grounds for immediate termination of my employment regardless when the falsification or omission is discovered.

Social Security # _____

Have you gone by a different name in the past? _____ If "yes," please explain: _____

SIGNATURE: _____

Legal Guardian Signature if Under 18: _____ Date: _____