



APPLICATION FOR EMPLOYMENT

Please PRINT all information requested.

Please complete the application in full. Resumes may be attached but NOT as a substitute. Only applications that are complete, legible, and signed will be considered.

For Office Use Only

This is a Drug – Free Workplace

PERSONAL DATA

Date: _____ Position Applying For: _____ Wage Desired: _____

Employment Desired: FULL-TIME PART-TIME SEASONAL How soon are you available for Work? _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Home Phone () _____ Cell or Msg Phone () _____ E-mail address _____

Are you a United States Citizen: _____ If not, what type of Visa do you have? _____ Expiration Date: _____ Are You a CA Resident: _____ How Long? _____

Date of Birth: _____ Place of Birth: _____ Social Security No. _____ - _____ - _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Driver's License Number _____ State of issue _____ Expiration date _____

What is your means of transportation to work? _____

Have you ever had a conviction for DWI in any State? _____ Have you ever had your license suspended? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain conviction(s), nature of offense(s) State(s) where offenses occurred, and Sentence(s) imposed by the Court.

HAVE YOU EVER BEEN IN THE MILITARY? Yes No ARE YOU CURRENTLY? Yes No

ARE YOU PRESENTLY ON ACTIVE DUTY OR A MEMBER OF THE NATIONAL GUARD? Yes No

Date Entered _____ Discharge Date _____ Type Discharge _____ Specialty _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
Languages Spoken				

PLEASE PRINT ALL INFORMATION REQUESTED.

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From ___/___/___	Start _____
Address City, State, Zip Code _____	_____	To ___/___/___	Final _____
Phone number: _____	_____		
Your Job Title: _____	Reason for Leaving: _____		
List the duties you performed, skills you used or learned.			

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List the duties you performed, skills you used or learned.			

Please list two character references.

Name _____

Name _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

Relationship to You: _____

Relationship to You: _____

Years they have known you: _____

Years they have known you: _____

What character traits will they confirm about you. (Circle)

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Trustworthy Responsible Dependable Loyal Leader Faithful

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PLEASE READ CAREFULLY

In exchange for the consideration of my job application with Treetop Entertainment (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the "employment-at-will" relationship between the company and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. The company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in staff and/or benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others. I hereby release the Company from any liability as a result of such contacts, inquiries, or records in order to ascertain my qualifications for employment.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable "at will" for any reason by either party.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age or disability.

Thank you for completing this application form and for your interest in our business.

Signature of applicant _____ Date: _____

Printed Name of Applicant: _____ Phone: _____