

Delirium Escape Rooms and Axe Throwing

Employment Application

		Applicant I	nformation	on			
Full Name:			Date:				
	Last	First		M.I.			
Address:	Street Address				Apartment/Unit #		
	City			State	ZIP Code		
Phone:			Email				
Date Available: Social Security No.:							
Position App	olied for:						
Are you a citizen of the United States?		YES NO	If no, are	you authorized t	YES NO o work in the U.S.?		
Have you e	ver worked for this company?	YES NO	If yes, who	en?			
Have you ev	ver been convicted of a felony?	YES NO					
If yes, expla	in:						
		Educ	ation				
High School	:	Address:					
From:	To: D	id you graduate?	YES N	NO □ Diploma:_	_		
College:		Address:					
From:	To: D	id you graduate?		NO Degree:_			
Other:		Address:					
From:	To: D	id you graduate?	YES N	NO □ Degree:_			
		Refer	ences				
Please list t	three professional references.						
Full Name:				Rela	tionship:		
Company:					Phone:		

Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
	Previous E	mployme	ent		
Company:				Phone:	
Address:		Supervisor:			
Job Title:	Starting S	Starting Salary:\$			
Responsibil	ities:				
From:	To:	Reason fo	or Leaving:		
May we cor	ntact your previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	Starting Salary:			
Responsibil	ities:				
From:	To:				
May we cor	ntact your previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	Starting Salary:			
Responsibil	ities:				
From:	To:	Reason fo	or Leaving:		
May we cor	ntact your previous supervisor for a reference?	YES	NO		

Discialmer and Signature					
I certify that my answers are true and complete to the best of my knowledge.					
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.					
Signature: D	Oate:				