



This Company is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED

Name: _____ Street Address: _____
 Last First M

Apt # _____
 Or Box _____ City _____ State _____ Zip _____ Email _____

Telephone (____) _____ - _____ **18 or older?** [] Yes [] No **If not, Birth Date:** _____

- Did any employer, school or reference know you by another name? [] Yes [] No
- If Yes, indicate other name: _____
- **Position for which you are applying:** _____
- What wage/salary do you expect? \$ _____ per _____
- **If hired, when could you start work?** _____
- Who referred you to this company for employment? _____
- Names of friends or relatives working for the Company (list name(s) and relationship):

AVAILABILITY:

How many hours per week are you available for work? _____ (LIST TIMES BELOW)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

EDUCATION:

High School _____ Address _____
 City _____ State _____ Zip _____ Last grade completed _____
 Grade Point Avg: _____ Did you graduate? [] Yes [] No **Still Enrolled?** [] Yes [] No

Trade or College _____ Address _____
 City _____ State _____ Zip _____ Last grade completed _____
 Course/Major _____ Degree(s) or Certification(s) _____
 Grade Point Avg: _____ Did you graduate? [] Yes [] No **Still Enrolled?** [] Yes [] No

EMPLOYMENT HISTORY: (start with most recent employer) (if providing a resume, do not complete)

Company _____ Job Title _____
Address _____ City _____ State _____
Salary / Wage _____ per _____ Dates Worked: From _____ To _____
Still Employed? [] Yes [] No Supervisor _____ Telephone _____
Reason for leaving _____
Reference Check Performed By _____

Company _____ Job Title _____
Address _____ City _____ State _____
Salary / Wage _____ per _____ Dates Worked: From _____ To _____
Still Employed? [] Yes [] No Supervisor _____ Telephone _____
Reason for leaving _____
Reference Check Performed By _____

Company _____ Job Title _____
Address _____ City _____ State _____
Salary / Wage _____ per _____ Dates Worked: From _____ To _____
Still Employed? [] Yes [] No Supervisor _____ Telephone _____
Reason for leaving _____
Reference Check Performed By _____

*DURING THE LAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? [] Yes [] No
IF YES, DESCRIBE: _____

* A conviction will not necessarily bar you from employment. Also, see applicable state restrictions below.

MILITARY SERVICE:

Branch _____ Date [Entered _____ Discharged _____] RANK _____
Do you have service-related skills applicable to civilian employment? [] Yes [] No
If Yes, describe: _____

PERSONAL REFERENCE (not a family member):

Name: _____ Phone: _____ Relation: _____

ADDITIONAL INFORMATION: (all applicants)

List additional training or experience _____

Describe in detail your activities, hobbies and interests _____

List any other personal characteristics that would make this a suitable position for you _____

EMPLOYEE APPLICANT QUESTIONNAIRE

Please answer the following questions to the best of your ability. Give as complete an answer as possible.

1. A customer is unhappy about the quality of service she is getting from your host partner. How would you handle the situation?
2. Even after being reminded of the rules, a party-goer continues to use the equipment improperly. What would you do?
3. The pizza that has been ordered for you party has not arrived on time or is the wrong order. What do you do?
4. Two children in your party are fighting over the same item and are becoming physically violent. How do you handle the situation?

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and am seeking employment with this company solely to provide me with the benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

I acknowledge that the Company reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this Company and its employees. At this Company, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this Company retains the same rights. I further understand and agree that the Owner/President of this Company is the only person who may make an exception to this, including the at-will status of my employment, and it must be in writing and duly executed by the Owner/President of this Company.

If applicable to my employment, I have read and understood the notice regarding polygraph tests and my rights under this state's law.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that the Company and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

NO DRUG USE POLICY: This Company does not hire persons who use illegal drugs. All persons seeking employment or employed with this Company may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by the Company, and further consent to have the specimen tested at a laboratory selected by the Company. I hereby certify that I **(check one) do _____ or do not _____ use illegal drugs.**

Signature _____ Date _____

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF
CONSUMER REPORT**

In connection with your application for employment and as part of the process of considering your candidacy as an employee, we may procure, or cause to be procured, a consumer report on you. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Print Name

Social Security Number

Applicant's Signature

Date

Employee Direct Deposit Enrollment Form



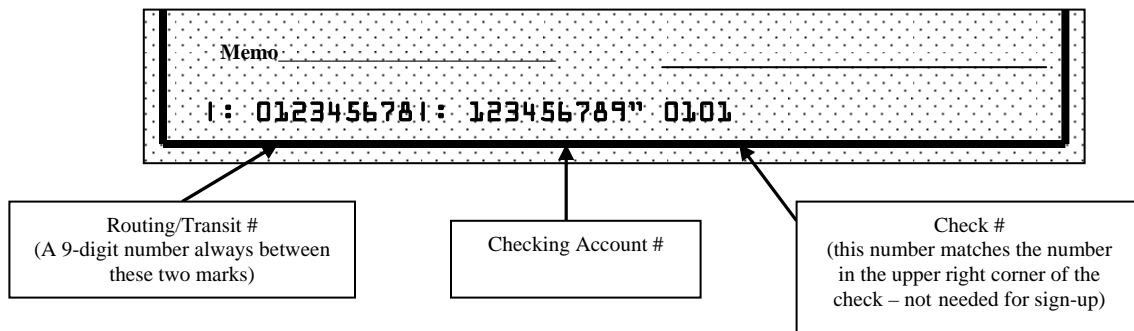
Payroll Manager – Please complete this section and send a copy to ADP for enrollment. (Please print.)

Company Code: _____ Company Name: _____ Employee File Number: _____

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____.____ or Entire Net Amount
2. Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____.____ or Entire Net Amount
3. Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____.____ or Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

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