

The Gardens Ice House

Application for Employment

NOTE:

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. We are an **Equal Opportunity Employer.**

Please Print or Type:

DATE OF APPLICATION _____ SOCIAL SECURITY # _____

NAME _____, _____, _____
Last First Middle

HOME ADDRESS _____
Street Address

_____ City State Zip Code

HOME TELEPHONE (____) _____ CELL PHONE (____) _____ Date of Birth _____

Email: _____

POSITION FOR WHICH YOU ARE APPLYING FOR _____
PART - TIME ? ____ FULL - TIME ? ____

ON WHAT DAY CAN YOU BEGIN WORK ? _____

ARE YOU AVAILABLE TO WORK:
MORNINGS ____ AFTERNOONS ____ EVENINGS ____

WHICH DAYS OF THE WEEK ARE YOU AVAILABLE TO WORK?
SUN __ MON __ TUES __ WED __ THURS __ FRI __ SAT __

If you are under 18 years of age, can you provide
required proof of your eligibility to work? YES __ NO __

Are you able to provide proof of citizenship or
legal immigration status for employment? YES __ NO __

Are you currently employed? YES __ NO __

May we contact your present employer? YES __ NO __

In case of an emergency, whom shall we contact?

NAME _____ RELATIONSHIP _____

TELEPHONE NUMBER(S) _____, _____

EMPLOYMENT HISTORY:

Start with most recent, job. Include military service. You may include any volunteer activities as well. The information you provide will be verified, so please be accurate. You may attach a resume, which amplifies your description: however, every item on this application must be completed.

1. PRESENT OR MOST RECENT:

EMPLOYER: _____

ADDRESS: _____

EMPLOYED FROM: _____ TO: _____
MONTH YEAR MONTH YEAR

SUPERVISOR AND TELEPHONE NUMBER: _____

YOUR POSITION: _____

YOUR DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

2. NEXT RECENT:

EMPLOYER: _____

ADDRESS: _____

EMPLOYED FROM: _____ TO: _____
MONTH YEAR MONTH YEAR

SUPERVISOR AND TELEPHONE NUMBER: _____

YOUR POSITION: _____

YOUR DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

3. NEXT RECENT:

EMPLOYER: _____

ADDRESS: _____

EMPLOYED FROM: _____ TO: _____
MONTH YEAR MONTH YEAR

SUPERVISOR AND TELEPHONE NUMBER: _____

YOUR POSITION: _____

YOUR DUTIES AND RESPONBILITES: _____

REASON FOR LEAVING: _____

Do you have ice skating ability? YES____ NO____

Use this space to describe any special job - related skills and qualifications acquired from employment or other experience.

REFERENCES:

Please provide the names, address, and telephone numbers of two professional references and one personal character reference, other than relatives.

1. _____
2. _____
3. _____

EDUCATION:

Begin with your current school or college, or for the most recent attended. If you have graduated from a two - or four - year college, it is not necessary to provide high school information.

Name of Institution: _____

Address: _____

Dates Attended: _____

Number of Years Completed _____

Degree, Diploma, or Certificate: _____

Name of Institution: _____

Address: _____

Dates Attended: _____

Number of Years Attended _____

Degree, Diploma, or Certificate: _____

PLEASE READ BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the Application for Employment as may be necessary in arriving at an employment decision, and release all parties from all liability for any damage that may result from furnishing information to employer.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand that I am required to abide by all policies, procedures, and rules of the employer.

I acknowledge that any employment relationship with this organization is of an "at will" nature, which means that an employee may resign at any time and the employer may discharge an employee at any time with or without cause or reason. This "at will" relationship may be changed only by specific statement in writing by an authorized officer of the employer organization.

Signature of Applicant

Date

Under Maryland law, an employer may not require or demand any application for employment or prospective employment or any employee to submit to or take a polygraph lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

Signature of Applicant

Date

I agree to submit to random testing for illegal substance use upon request.

Signature of Applicant

Date

APPRECIATE YOUR INTEREST IN THE GARDENS ICE HOUSE

THANK YOU!

FOR EMPLOYER'S USE ONLY

Pre-Interview Evaluation

1-Excellent _____ 2-Good _____ 3-Average _____ 4-Fair _____ 5-Poor _____