

ULTRAZONE

Portland's BEST Laser Tag

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, physical disability, marital or veteran status, or any other legally protected status.

Applicant Information

Name: _____
Last First Middle

Address: _____
City State Zip

Telephone Number: _____ Email: _____

How Did You Hear About Us?

- Advertising Friend/Relative Walk-In Employment Agency

Availability—Please provide days and hours that you are available to work

Our hours of operation vary depending on the season. During the school year, the majority of shifts occur during the weekend. We are also open on most holidays. Please note that Ultrazone employs part time positions, and full time work may not be available.

DAYS YOU ARE AVAILABLE	START	END
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____
<input type="checkbox"/> Saturday	_____	_____
<input type="checkbox"/> Sunday	_____	_____

On what date would you be available for work? _____

General Information

- Do you have reliable transportation? YES NO
- Are you currently employed? YES NO
- May we contact your current employer? YES NO

General Information (Continued)

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) YES NO

Are you willing to submit to a drug test? YES NO

Have you been convicted of a felony within the last 5 years? (Conviction will not necessarily disqualify an applicant from employment.) YES NO

If Yes, please explain: _____

Education

	Name & Address of School	Course of Study	Years Completed	Degree Earned
High School				
Undergrad. College				
Other				

References

Please provide name, address, and phone number of three references not related to you.

Name and Address	Phone	Relationship & Years Known

Employment History

Employer		Dates Employed		Work Performed
Address & Phone		<u>Start</u>	<u>End</u>	
		Hourly Rate/ Salary		
Job Title	Supervisor			
Reason for Leaving:				

Employer		Dates Employed		Work Performed
Address & Phone		<u>Start</u>	<u>End</u>	
		Hourly Rate/ Salary		
Job Title	Supervisor			
Reason for Leaving:				

Employer		Dates Employed		Work Performed
Address & Phone		<u>Start</u>	<u>End</u>	
		Hourly Rate/ Salary		
Job Title	Supervisor			
Reason for Leaving:				

Other Qualifications

Please state any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand this application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

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, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Employer Notes

Application Received By: _____ Date: _____

Notes: _____
