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Mattawan, MI 49071

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PERSONAL INFORMATION

DATE

| | | | | | | | |
|---------------------------|--------------------|----------------|------------------------|-----------------------------------------------------------------------|-----|-----|-----|
| Name (Last) | | First | (Middle) | Social Security No. | | | |
| Home Address | | City | | State | Zip | | |
| Home Telephone | Business Telephone | | How were you referred? | | | | |
| () | () | | | | | | |
| Position Applying For | | Date Available | | Are you interested in (check all that apply) | | | |
| | | / / | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | | |
| Days and hours available. | | | | | | | |
| Day | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| From | | | | | | | |
| To | | | | | | | |

If you are under 18, please state your date of birth:
/ /

Are you currently employed? Yes No

If yes, are you going to work 2 jobs? Yes No

EDUCATION

| Type of School | Name and Location of School | | | Degree/Area of Study | No. of Years Attended | Graduated (Check One) | |
|-----------------|-----------------------------|---------|-----|----------------------|-----------------------|--------------------------|--------------------------|
| High School | Name | Address | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | City | State | Zip | | | <input type="checkbox"/> | <input type="checkbox"/> |
| College | Name | Address | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | City | State | Zip | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Graduate School | Name | Address | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | City | State | Zip | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | Name | Address | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | City | State | Zip | | | <input type="checkbox"/> | <input type="checkbox"/> |

LEGAL

Are you a U.S. citizen or do you have a legal right & necessary documents to work in the U.S.? Yes No

(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control act of 1986.)

Were you ever discharged by any company? Yes No

If yes, give name of company(ies) _____

Reason for discharge _____

Have you ever been convicted of a crime other than a minor traffic violation? The existence of a criminal record will not automatically disqualify you from the job for which you are applying. Yes No

If yes, please explain offense and final disposition: _____

MISCELLANEOUS INFORMATION

Why do you want this Job? _____

Do you have reliable transportation to work? _____ Are you CPR certified? _____ Expires _____

Do you play sports or are you involved in any extra curricular activities? (such as band, youth group, etc) _____

Please List your sports/activities and the dates/season that you are active in them _____

Do you attend any summer camps? _____ If yes, when and for how long _____

What effect will your activities have on your employment? _____

EMPLOYMENT HISTORY

List employment starting with your most recent position.
Account for any time during this period that you were unemployed by stating the nature of your activities.

| DATES | NAME AND ADDRESS OF EMPLOYER | POSITIONS HELD & SUPERVISOR | LIST MAJOR DUTIES | SALARY OR WAGES | REASON FOR LEAVING |
|--------------------|--------------------------------------|-----------------------------|-------------------|-----------------|--------------------|
| From: / mo. yr. | Name: _____ City and State: _____ | <u>Your Job Title</u> | | <u>Starting</u> | |
| To: / mo. yr. | Address: _____ Phone: _____ | <u>Supervisor</u> | | <u>Final</u> | |
| From: / mo. yr. | Name: _____ City and State: _____ | <u>Your Job Title</u> | | <u>Starting</u> | |
| To: / mo. yr. | Address: _____ Phone: _____ | <u>Supervisor</u> | | <u>Final</u> | |
| From: / mo. yr. | Name: _____ City and State: _____ | <u>Your Job Title</u> | | <u>Starting</u> | |
| To: / mo. yr. | Address: _____ Phone: _____ | <u>Supervisor</u> | | <u>Final</u> | |

REFERENCES

References: (do not list relatives)

| Name | Address | Work Phone No. | Title | Years Known |
|------|---------|----------------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |

PLEASE READ CAREFULLY

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit card and/or criminal history. In the event of employment, I understand that false or misleading information given in my application or interviews may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations.

I understand and agree that if employed, the employment will be "at will". That is, wither I or Formula K Family Fun Park, Inc may end the employment relationship at any time, for any reason, or for no reason.

I understand that receipt of this application by Formula K Family Fun Park, Inc does not imply employment and that this application and/or any other Formula K Family Fun Park, Inc documents are not contracts of employment.

APPLICANTS SIGNATURE

DATE SIGNED