

4307 Coffee Road
 Modesto, CA 95355
 (209) 549-7888



2353 W. Main Street
 Turlock, CA 95380
 (209) 634-3386

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION	
Name:	Social Security #:
Addresses:	Email:
City:	State: Zip:
Home Phone:	Cell Phone:
Other names known by:	Are you 18 years of age or older? <i>(circle one)</i> <div style="text-align: center;">YES NO</div>

AVAILABILITY <i>Please tell us the days and hours you are available to work.</i>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Specific hours available each day of the week.							
Monday - Thursday:	11 a.m. - 10 p.m. <i>(Winter)</i> 10 a.m. - 11 p.m. <i>(Summer)</i>		Friday & Saturday:	10 a.m. - Midnight		Sunday:	11 a.m. - 10 p.m. <i>(Winter)</i> 11 a.m. - 11 p.m. <i>(Summer)</i>

EMPLOYMENT DESIRED		
Position:	Starting Date:	Salary Desired:
Are you legally eligible for employment in the U.S.? Yes _____ No _____		
Have you been convicted of a crime in the last seven (7) years? Yes _____ No _____		

EDUCATION				
	Name and Addresses of School	Subjects Studied and Degrees	How many years completed?	Graduate
High School				
College				
Post College				
Other Education or Trade School				

REFERENCES <i>(Please list three people who are not related to you, who you have known at least one year.)</i>			
Name	Addresses & Phone Number	Business	Years Acquainted
1			
2			
3			

FOR OFFICE USE ONLY:				
Interview Date:	Interview By:	Hire Date:	Position:	Salary:

FORMER WORK EXPERIENCE (Please list your most recent first and include volunteer experience)

Date (M/D/Y)	Current Employer (Name and Addresses of Employer)	Rate of Pay	Reason For Leaving
From:			
To:			
Position:	Type of Business:		
Duties Performed:			
Supervisor's Name:		Phone Number:	May we contact?
Circle one:	Salary Hourly Volunteer	Starting:	Ending: Average # of hours per week:

Date (M/D/Y)	Employer (Name and Addresses of Employer)	Rate of Pay	Reason For Leaving
From:			
To:			
Position:	Type of Business:		
Duties Performed:			
Supervisor's Name:		Phone Number:	May we contact?
Circle one:	Salary Hourly Volunteer	Starting:	Ending: Average # of hours per week:

Date (M/D/Y)	Employer (Name and Addresses of Employer)	Rate of Pay	Reason For Leaving
From:			
To:			
Position:	Type of Business:		
Duties Performed:			
Supervisor's Name:		Phone Number:	May we contact?
Circle one:	Salary Hourly Volunteer	Starting:	Ending: Average # of hours per week:

Why would you like to work at Funworks? _____

What does customer service mean to you? _____

If you are hired by Funworks, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal of hire or dismissal if I have been employed, no matter when discovered by Funworks management. I understand that any employment is conditioned on a background check. I authorize Funworks to thoroughly investigate all statements contained in my application, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the company, without giving me prior notice of such disclosure. I understand and agree that nothing contained in this application or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed terms, and may be terminated at any time, with or without cause and without prior notice. No promises regarding employment have been made, and I understand that no such promise or guarantee is binding upon Funworks unless made in writing. If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the company and as permitted by law. I consent to such examination and tests, and I request that the examining doctor disclose to Funworks the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by Funworks drug and alcohol policies. I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire. If hired, I agreed to abide by the company work rules, policies and procedures. Funworks retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature:	Date:
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