## EMPLOYMENT APPLICATION PARTY PLEASERS

Party Pleasers is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

## (PLEASE PRINT IN INK AND COMPLETE ALL 4 PAGES)

Position(s) Applied For		Date of Applicati	ion	
Last Name	First Name	]	Middle Name	
Address	G	7' 6 1		
City	State	Zip Cod	e	
Email Address				
Telephone Number	Alterna	te Number		
How Did You Hear About Us? [] No []Current Employee		oloyment Agency [] er		
Are you legally eligible to work in th	ne United States?		YES [] NO []	
(Proof of eligibility will be required	upon offer of emplo	yment)		
Are you over the age of 18 years?			YES [] NO []	
(If no, you may be required to provi	de authorization)			
Can you with or without reasonable functions of this job? (If you have a the job, please ask the interviewer leads to the	ny questions about	the functions of	YES [] NO []	
Have you ever applied to Party Plea	sers before? (If yes,	please give date.)	YES [] NO []	
Have you ever worked for to Party F  date.)	Pleasers before? (If	es, please give	YES [] NO []	
Have you ever been convicted of a (	•	sdemeanors?	YES [] NO []	
If yes, please explain:			_	
Do you have a valid driver's license	? (For drivina positi	ons only.)	YES [] NO []	
Have you been convicted of any mo		• .		
If yes, please explain:		- <sub> </sub>		
Is anyone related to you employed	by Party Pleasers?		YES [] NO []	
If yes, please give their name and re	alatianahin ta waw			

——— Have y	 ou ever bee	n fired or as	sked to resig	gn from a jo	ob?		Y	ΈS	[] NO []
If yes,   explair	please 1								
Days a	nd Hours A	vailable:			nould my ava			ange	 e.)
Day	Sunday	Monday	Tuesday	Wednesda	Thursday	Fr	iday	S	aturday
AM									
РМ									
	'		ED	UCATION		•		· ·	
				Name and Location of School		Course of Study or Major		# of Years Completed	
Eleme	ntary								
High S	School								
Colleg	e								
Gradu	ate								
Vocati	onal								
	your race, c				es held, etc. gin, age, disa				
Descril	be any spec	ialized train	ing, appren	ticeships, li	icenses or s	kills			
		any job-rela and explana		g in the Uni	ted States M	lilita	ry? YE	:s []	NO []
any em necess	ployment. I	nclude any	applicable t	emporary e	t recent emp employment ed to determ	atta	ch anot	her	sheet if

Company Name	From	nt Dates To	Name and	Title of Supervisor

Address		Salary Start \$ End \$				
Phone	Describe your duties:					
Reason for leaving ar	nd explanation					
Company Name	Employment Dates From To	Name and Title of Supervisor				
Address		Salary Start \$ End \$				
Phone	Phone Describe your duties:					
Reason for leaving ar	nd explanation					
Company Name	Employment Dates From To	Name and Title of Supervisor				
Address		Salary Start \$ End \$				
Phone Describe your duties:						
Reason for leaving ar	nd explanation					
Company Name	Employment Dates From To	Name and Title of Supervisor				
Address		Salary Start \$ End \$				
Phone	one Describe your duties:					
Reason for leaving and explanation						

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship/Occupation	Years Known
		_		

## APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

## \*PLEASE READ CAREFULLY BEFORE SIGNING\*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by PARTY PLEASERS that such employment with PARTY PLEASERS is at will, for no specified duration and may be terminated by either PARTY PLEASERS or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of PARTY PLEASERS or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of PARTY PLEASERS except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of PARTY PLEASERS.

In consideration for employment with PARTY PLEASERS, if employed, I agree to conform to the rules, regulations, policies and procedures of PARTY PLEASERS at all times and understand that such obedience is a condition of employment. I understand that due to the nature of PARTY PLEASERS business, attendance and punctuality are considered essential requirements of every job at PARTY PLEASERS and that poor attendance or tardiness will result in disciplinary action, up to and including termination of employment.

I understand that if offered a position with PARTY PLEASERS, I may be required to submit to a preemployment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I herby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to PARTY PLEASERS and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature Date

Name and phone number of person completing this form if other than applicant:

PARTY PLEASERS IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.