



APPLICATION FOR EMPLOYMENT

“WE ARE AN EQUAL OPPORTUNITY EMPLOYER”

Applicant's Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____ Date Available to Start _____

Do You Smoke _____ Have you worked here before? _____ If Yes, where _____ Why did you leave? _____

Do you personally know anyone employed by Skaters Choice Skate Centers? _____

Position Desired Manager Cashier Office Concession Skating Floor
 Skate Room Stuff Shop D.J. Other _____

Have you ever been convicted of a felony? Yes No

Availability

(Skaters Choice is seeking Applicants with availability during weekends, and holidays)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From	From	From	From	From	From	From
To	To	To	To	To	To	To

Education

	Name	Location	# Years Attended	Course of Study	Graduate
High School					
College or University					
Other School or Training					