

APPLICATION FOR EMPLOYMENT

Be detailed and thorough about your experience. Fill in any blanks or indicate not applicable (N/A). Incomplete or incorrect information concerning dates of employment history, education, etc. could prevent us from considering you for available employment opportunities. As an equal opportunity employer, InterAct considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, or disability, or veteran status in compliance with all federal and state laws.

PERSONAL INFORMATION: PLEASE PRINT

LAST NAME		FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY #	
PRESENT ADDRESS			CITY, STATE, AND ZIP CODE		TELEPHONE #	MESSAGE TELEPHONE #
TODAY'S DATE		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES ___ NO ___			ARE YOU 18 YEARS OR OLDER? YES ___ NO ___	
VALID DRIVER'S LICENSE? YES ___ NO ___		IF YES, WHAT STATE		DRIVER'S LICENSE #	CLASS	EXP. DATE
HAVE YOU BEEN CONVICTED, PLACED ON PROBATION/DEFERRED ADJUDICATION, OR PAID A FINE FOR ANY OFFENSE WITHIN THE LAST 7 YEARS? IF YES, PLEASE EXPLAIN. (A felony or misdemeanor conviction will not necessarily exclude you from employment.)					YES ___ NO ___	
DATE		OFFENSE			SENTENCE AND/OR FINE	

EMPLOYMENT DESIRED:

POSITION(S) APPLIED FOR			DATE AVAILABLE TO WORK	WAGE EXPECTED
ARE YOU APPLYING FOR? FULL TIME ___ PART TIME ___		ARE YOU WILLING TO WORK ANY SHIFT YES ___ NO ___		WEEKENDS & HOLIDAYS? YES ___ NO ___

EDUCATION:

LEVEL	NAME & LOCATION OF SCHOOL	RECOGNITION OF COMPLETION
HIGH SCHOOL		DIPLOMA OR GED RECEIVED? YES ___ NO ___
COLLEGE		DIPLOMA RECEIVED? YES ___ NO ___
GRADUATE SCHOOL		DIPLOMA RECEIVED? YES ___ NO ___
OTHER		DIPLOMA RECEIVED? YES ___ NO ___
LIST ANY OTHER LICENSES AND/OR SPECIAL TRAINING THAT WOULD BE HELPFUL IN EVALUATING YOUR BACKGROUND.		
ARE YOU CURRENTLY ATTENDING SCHOOL? YES ___ NO ___		

EMPLOYMENT HISTORY:

PLEASE LIST YOUR LAST THREE EMPLOYERS BEGINNING WITH THE MOST RECENT OR ATTACH YOUR RESUME.

NAME OF EMPLOYER	MAY WE CONTACT EMPLOYER? YES ___ NO ___	TYPE OF BUSINESS	
ADDRESS (CITY, STATE, ZIP)	FROM		
	TO		
SUPERVISOR'S NAME	TELEPHONE #	LAST POSITION	LAST SALARY/WAGES
REASON FOR LEAVING			
DESCRIPTION OF DUTIES/RESPONSIBILITIES:			

NAME OF EMPLOYER	MAY WE CONTACT EMPLOYER? YES ___ NO ___	TYPE OF BUSINESS	
ADDRESS (CITY, STATE, ZIP)	FROM		
	TO		
SUPERVISOR'S NAME	TELEPHONE #	LAST POSITION	LAST SALARY/WAGES
REASON FOR LEAVING			
DESCRIPTION OF DUTIES/RESPONSIBILITIES:			

NAME OF EMPLOYER	MAY WE CONTACT EMPLOYER? YES ___ NO ___	TYPE OF BUSINESS	
ADDRESS (CITY, STATE, ZIP)	FROM		
	TO		
SUPERVISOR'S NAME	TELEPHONE #	LAST POSITION	LAST SALARY/WAGES
REASON FOR LEAVING			
DESCRIPTION OF DUTIES/RESPONSIBILITIES:			

SKILLS:

LIST ADDITIONAL SKILLS, HEAVY EQUIPMENT OR BUSINESS MACHINES YOU CAN OPERATE INCLUDING PC SOFTWARE.

PLEASE LIST YOUR INTEREST, CAREER GOALS AND EXPECTATIONS.

REFERENCES: List at least 2 persons whom you have known for one year. Do not include relatives.

NAME	COMPANY	YRS. ACQUAINTED	TELEPHONE #
NAME	COMPANY	YRS. ACQUAINTED	TELEPHONE #
NAME	COMPANY	YRS. ACQUAINTED	TELEPHONE #

PLEASE READ AND SIGN THE BOTTOM.

I declare that all statements and answers in this application are true and complete in all respects. I acknowledge and agree that any false statement, omission, concealment, or failure to answer any question fully, completely and accurately will be grounds for terminating my employment irrespective of when the information is discovered.

If employed, I agree to read the Fitness for Work Policy and comply with all company rules, regulations and policies whether set forth in the Fitness for Work Policy or otherwise. The Company, in its sole discretion, may amend, change, modify or delete its rules, regulations and policies at any time.

I understand that after I receive a conditional offer of employment, my employment may be subject to my taking a physical exam, at Company expense, that may include a functional capacity exam, on which I must demonstrate at least the minimum capacity to perform the essential functions of the job, with or without reasonable accommodations. I also acknowledge that after I receive such offer of employment, I must successfully pass a drug and alcohol screening test at the Company's expense. I agree to sign any necessary consent forms to take such tests and to obtain their results. I understand that, for valid business purposes, it may be necessary for the Company to have me begin working prior to the time I take such exams/tests or their results are received by the Company. I agree that even though I may take said exams/tests shortly after I begin working for the Company, my continued employment with the Company is contingent upon my successfully passing said exams/tests.

I agree that upon termination of my employment I will return all Company property and records in my possession.

I understand that all employees of the Company are employees at will and that if employed, my employment with the Company may be terminated at any time with or without reason or notice.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY

EMPLOYEE #	START DATE	CREW #	JOB CLASSIFICATION		
SUPERVISOR OR PARTY MANAGER		INTERVIEWER	DATE	RATE OF PAY	
				\$	\$
COMMENTS					