



Ultrazone Employee Application  
(An Equal Opportunity Employer)

**Personal Information :**

Name ( last, first, mi. ) \_\_\_\_\_

Address ( street, city, state, zip ) \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ (ONLY IF UNDER 18)

Are you legally eligible for employment in the U.S.   \_\_\_\_\_ yes   \_\_\_\_\_ no

**Emergency Information:**

Emergency contact Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Second Emergency contact Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

**Employment / Education Information:**

Referred by \_\_\_\_\_

Availability - \_\_\_\_\_ part time   \_\_\_\_\_ full time   \_\_\_\_\_ temporary

Position desired \_\_\_\_\_ Wage desired \_\_\_\_\_

Requested starting date \_\_\_\_\_

What hours are you available for work \_\_\_\_\_

Total hours per week you wish to work \_\_\_\_\_

Are you able to work weekends and holidays   \_\_\_\_\_ yes   \_\_\_\_\_ no

Have you worked for any other laser game or family entertainment center? \_\_\_\_\_ yes   \_\_\_\_\_ no

If yes where, when \_\_\_\_\_

School most recently attended \_\_\_\_\_

Grade or Degree completed ( include # of college credits if some college ) \_\_\_\_\_

**PLEASE COMPLETE BACK SIDE OF APPLICATION**

***Employment Record:***

**Present or most Recent employer** \_\_\_\_\_

Dates of employment \_\_\_\_\_

Address ( street, city, state, zip ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact supervisor? \_\_\_\_\_ Phone number (     ) \_\_\_\_\_

**Previous employer #1** ( name, address, phone number ) \_\_\_\_\_

\_\_\_\_\_  
Job Title \_\_\_\_\_

Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_ Supervisor name \_\_\_\_\_

**Previous employer #2** ( name, address, phone number ) \_\_\_\_\_

\_\_\_\_\_  
Job Title \_\_\_\_\_

Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_ Supervisor name \_\_\_\_\_

**References :**

Name and Telephone number of three persons, not related to you, whom you have known for at least one year.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Certification :**

My signature below certifies that the information prepared by me on this application is true and correct to the best of my knowledge. I understand that false statements whether intentional or otherwise may be cause for immediate termination of employment. I hereby authorize investigation of all claims or facts made by me in preparing this application. I further authorize the above listed references to provide any and all information regarding my previous employment or personal relationships as applicable, and release all parties from liability for any truthful statements made to you. I further understand that if hired my employment is for no definite period unless otherwise stated in writing. I acknowledge that my first 90 days of employment will be considered a probationary period during which time I may be terminated from employment at any time without cause or notice.

Date : \_\_\_\_\_ Signature \_\_\_\_\_