



Application for Employment

Please fill out this application in its entirety for employment consideration. Applications should be submitted either in person or by mail. *Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. X-Site is an equal opportunity employer.*

Date of submission: _____

Personal Information

Last Name _____ First Name _____ Middle _____

Street Address _____ City _____ Zip _____

Home Phone (____) _____ - _____ Cell phone (____) _____ - _____

Email Address: _____

Date of Birth: _____ Social Security No. _____

Drivers License# _____ State Any Violations: _____

Have you ever applied for employment with us? Yes No If Yes: Month and Year _____

How did you learn of X-Site Amusement Center? Why would you like to work at this establishment? How do you think you can benefit X-Site as an employee? _____

Are you legally eligible for employment in the United States? Yes No

Current Grade in school: _____

When will you be able to work? Be specific. _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No
If Yes, describe in full.

Education

School Name _____ Location of school _____

No. of years completed _____ Did you graduate? Yes No

Degree or diploma _____

College Yes No Yrs Completed: _____ High Yes No Yrs completed: _____

Course of study _____

References: Give below the names of three persons not related to you, whom you have known at least one year.

Name, phone number, Business Years, How acquainted

1. _____

2. _____

Employment History Please give accurate, complete full-time and part-time employment records. Start with present or most recent employer.

Are you employed now? Yes No

1. Company Name _____ Telephone(_____)_____ - _____

Address Employed _____

(Start Month _____ Year _____) (End Month _____ Year _____)

Name of Supervisor _____ Hourly Rate _____

Your Job Title while employed _____

Describe Your Work _____

Reason for Leaving/Wanting to Leave _____

2. Company Name _____ Telephone(_____)_____ - _____

Address Employed _____

(Start Month _____ Year _____) (End Month _____ Year _____)

Name of Supervisor _____ Hourly Rate _____

Your Job Title while employed _____

Describe Your Work _____

Reason for Leaving _____

We may contact the employers listed above unless you indicate those you do not want us to contact. Do not contact Employer Number(s) _____ Reason _____

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

Please complete and physically turn in or mail to:

X-Site Amusement Center
Attn: Human Resources
6155 East 86th Street, Indianapolis, IN 46250
Phone (317) 585-1895