CHAMPS ENTERTAINMENT COMPLEX APPLICATION FOR EMPLOYMENT • We are an EQUAL OPPORTUNITY EMPLOYER and do not discriminate in employment

No question on this application is used for the purpose of limiting or exchanging any applicant's consideration for employment on a basis prohibited by local, state or federal law

GENERAL:														
NAME: (FIRST)		(M)			(LAST)				SOCIAL SECURITY					
ADDRESS:	DRESS:						CITY:			STATE:ZIP CODE:				
PHONE #	IF UNDE			R 18 AGE: BIRTHDA			E/			MUST BE AT LEAST 16				
POSITION APPLYING FOR:			DA	ATE AVAILABI	.E:		HOW DID	YOU HI	EAR ABOUT	US?				
DAYS AVAILABLE: SUN		MON		TUE	W	'ED		THURS		_ FRI		SAT		
HOURS AVAILABLE: SUN		MON			W	'ED		THURS		_ FRI		SAT		
REASON FOR APPLYING FOR TH														
RELATIVES OR FRIENDS EMI														
NAME: RELATIONSHIP:					STORE:									
STORE:								IN	CASE	OF	AN		SENCY LIS	
A CONTACT PERSON: NAME	:				ADDRESS:						CITY:			
PHONE #:							ADDRESS:		-					
CITY:	PHONE	#:												
EDUCATION	<u>NAME</u>			LOC	ATION		//AJOR		Y	EARS CO	MPLETED		G <u>P</u> /	
HIGH SCHOOL										9 10	11 12	M	<u> </u>	
COLLEGE										9 10	11 12			
OTHER							1/			9 10	11 12			
US MILITARY										PERIOD (OF DUTY	_		
LEGAL:							. 1							
HAVE YOU EVER BEEN CONVIC	TED OF A FI	ELONY? IF YES.	EXPLAIN	V:								NO	YES	
HAVE YOU EVER, OR ARE YOU I												NO	YES	
HAVE YOU EVER STOLEN FROM			A									NO		
HAS ANY EMPLOYER WRONGLY			T OR W	RONG DOING	S? IF YES EXF	LAIN:						NO		
				V	V									
HAVE YOU EVER BEEN FIRED FE	ROM AN EN	IPLOYER? IF YE	S EXPLA	dN:								NO_	YES	
			-											
IN THE EVENT	OF	EMPLOYMEN	1		1									
1. YOU WILL BE REQU							CITIZENSI	HIP OR A	ALIEN STATU	IS WITH RIG	SHT TO WO	RK ELIGIBII	ITY.	
2. A COPY OF YOUR ST	ATE ISSUEL	DID OR STATE IS	SSUED L	DRIVERS LICE	NSE IS REQUI	RED.								
EMPLOYMENT HISTOR	Y:(MOST	RECENT F	IRST)											
EMPLOYER:		PI	HONE	#		S	UPERVISO	OR:		TI	TLE:			
ADDRESS:		C	ITY:		STATE:	:	ZIPCODE:							
YOUR POSITION:		MTHS,	YRS EN	1PLOYED:		SALAR	Y/WAGES	; i:						
REASON FOR LEAVING:						_	•							
								-						
EMPLOYER:		PI	HONE	#		S	UPERVISO	OR:		TI	TLE:			
ADDRESS:														
YOUR POSITION:						SALAR	Y/WAGES	5:						
REASON FOR LEAVING:														
EMPLOYER:		PI	HONE	#		S	UPERVISO	OR:		TI	TLE:			
ADDRESS:		C	ITY:		STATE:		ZIPCODE:							
YOUR POSITION:		MTHS,	YRS EN	1PLOYED:		SALAR	Y/WAGES	S:						
REASON FOR EAVING:														
HAVE YOU EVER WORKED FOR														
NOYES	_ LOCATIO	N:		DATE:		_ POSITIOI	N HELD:			_ REASO	N FOR			
LEAVING:		P	LEASE R	EAD CAREFU	LLY. I certify	that all inf	ormation i	n this ap	oplication is	rue and co	mplete and	there are ı	10	
misrepresentations. I authorize of														
Complex upon request. I hereby		•		•				-	-					
application, I agree to conform the employment will be "at will.														
op.o/o will be at will.		pv Emericiiii		p.ox may 6	ae emple	,		. 5117 111	,, 1	2 40011, 01 1		,	3	

SIGNATURE OF APPLICANT:

DATE SIGNED: