

## **Employment Application**

		Applicant Ir	itormati	on			
Full Name:				_ Date:			
	Last	First			M.I.		
Address:							
	Street Address				Apartme	nt/Unit #	
	City				State ZIP Code	<del></del>	
Phone:		E	mail				
Data Availal	ailable: Would you be able to work an occasional Sunday?						
Date Avalla	oie: wo	uid you be able to w	ork an oc	casionai Su	inday?		
Position App	olied for:						
Are you a ci	tizen of the United States?	YES NO	If no, are	you author	ized to work in the U.S.?	YES NO	
Would you a	YES NO YES NO YES NO Would you agree to a background check $\square$ $\square$ Have you ever been convicted of a felony? $\square$ [						
If yes, expla	in:						
		Educa	ation				
High School	l:	Address:_					
From:	To:	Did you graduate?	YES	NO Diplo	oma::		
College:		Address:					
	To:		YES	NO □ De(	gree:		
Other:		Address:					
Other: Address: Previous Employment							
•					5.		
Company:					Phone:		
Address:					Supervisor:		
Job Title:		Starting Sa	ılary: <u>\$</u>		Ending Salary:		
Responsibil	ities:						
From:	To:		Reason f	or Leaving:			
May we con	tact your previous supervisor		YES	NO			

Company:		Phone:				
Address:		Supervisor:				
Job Title:	Starting Salary:	Ending Salary:				
Responsibili	ties:					
From:	To: Reason for Leaving:					
May we con	YES NO tact your previous supervisor for a reference? ☐ ☐					
Company: Address:		Phone:Supervisor:				
Job Title:	Starting Salary:	Ending Salary:				
Responsibili	ties:					
From:						
May we con	YES NO tact your previous supervisor for a reference?					
	References					
Please list t	hree professional references.					
Full Name:		Relationship:				
Company:		Phone:				
Address:						
Full Name:		Relationship:				
Company:		Phone:				
Address:						
Full Name:		Relationship:				
Company:		Phone:				
Address:						
Disclaimer and Signature						
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.						
Signature:		Date:				

Please drop this application by Bonkerz during our operational hours along with a resume.

Bonkerz Indoor Playcenter 2305 S. Main Street Moscow, ID 83843 (208) 596-4320 www.gobonkerz.com

Contact Person: Anna McGarrah Operations Manager/Owner (208) 697-1199