

## Application for Employment Centre Ice Rink

(All applicants are required to be 16 years of age (must provide working papers))

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Please print clearly using blue or black ink, answer all questions, and please sign.

<b>-</b> · .				
First		Middle	Last	
Position applied for:		_ A	re you 16 or older: [ ] YES [ ] N	0
Address				
City	State		Zip	
Day Phone	Evening Phone _		Cell	
Email Address	Sr	ocial Security N	lumber	
Disclosure of such convictions The existence of a conviction	s is required even if you di on your record will not au s State Fair if you are conv	d not spend tin Itomatically dis Victed of a crim	e criminal convictions and must be and in it in jail and/or were not required to qualify you from employment. You be after completing this application.	o pay a fine. agree to
	nployment in the U.S.? [	] YES [ ] NO	)	
	gal authority to work in th			
(Proof of your identify and leg Availability and Work Date	s: Please check the days	e United State	s will be required if hired.)	ırday
Are you legally eligible for em (Proof of your identify and legally and Work Date  [ ] Sunday [ ]  Hours you are available: [	s: Please check the days Monday [ ] Tuesday [	e United State s you are usua ] Wednesday	s will be required if hired.) Ally available [ ] Thursday [ ] Friday [ ] Satu	ırday

## **Job History**

Please list the most recent job first. L Please provide all employment inform				employed.		
Employer:	Position held:					
Address:						
Immediate supervisor and title:						
Dates employed: from	to	Salary:				
Job summary:						
Reason for leaving:						
Employer:	P	osition held:				
Address:	Telephone #:					
Immediate supervisor and title:						
Dates employed: from	to	Salary:				
Job summary:						
Reason for leaving:						
Have you ever worked for the Delaw If YES, which Department(s)				_		
Other Skills and Qualification	S					
Summarize any job-related training,	skills, licenses, certific	ates, and/or other qualific	ations:			
Education History						
High School	Location	Graduated? Yes No	Last Year Completed:	9 10 11 12		
Other (College/Technical/Business) Name	_ Location	Graduated? Yes No	Last Year Completed:	1234		

References	
List 3 references' names, telephone numbers, and years known (do not include relatives or e	mployers):
Please initial after each statement.	
I hereby authorize The Delaware State Fair to contact, obtain, and verify the accuracy of info application from all previous employers, educational institutions, background, criminal record hereby release from liability the Delaware State Fair and its representatives for seeking, gath information to make employment decisions and all other persons or organizations for providence.	ds and references. I also ering, and using such
I understand that any misrepresentation or material omission made by me on this applicatio cancellation of this application or immediate termination of employment if I am employed, v discovered	
If I am employed, I acknowledge that this employment shall terminate at the conclusion of the I further agree that this statement shall serve as notice to the Delaware State Fair of my volu employment effective the end of the current ice skating season. Accordingly, either I or the relationship at will, with or without cause, at any time, so long as there is no violation of app	ntary resignation of employer can terminate the
I understand that submission of an application or previous employment with the Delaware S employment. I further understand that, should an offer of employment be extended by the I such employment is "at will" and may be terminated by either the Delaware State Fair or me without cause or notice. I understand that none of the documents, policies, procedures, action Delaware State Fair or its representatives used during the employment process is deemed a real or implied	Delaware State Fair that eat any time, with or ons, statements of the
I understand that it is the policy of this organization not to refuse to hire or otherwise discrining individual with a disability because of that person's need for a reasonable accommodation as	- · · · · · · · · · · · · · · · · · · ·
I also understand that if I am employed, I will be required to provide satisfactory proof of ide authorization within three days of being hired. Failure to submit such proof within the require immediate termination of employment	-
I represent and warrant that I have read and fully understand the foregoing, and that I seek econditions.	employment under these
Applicant signature: Date:	

In consideration for employment or promotion with **The Centre Ice Rink** on our behalf, The Peeler Group may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, your personal charter, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reason for termination of past employment.

In compliance with the Americans with Disabilities Act, only after a contingent offer of employment is offered, your worker's compensation history may be investigated for the purpose of making certain that you are not hired for a position or assigned a job function that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld due to information obtained from The Peeler Group and, in the event, upon your written request, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act".

Please complete and sign this release form which follows, authorizing, without reservation, and party including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by The Peeler Group to furnish any or all of the above listed information. Your authorization releases The Peeler Group from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees, and other persons, who, in good faith, provide to The Peeler Group the above mentioned information as requested, in order to successfully complete a background investigation. Your signature allows a photocopy or fax copy of the authorization to be as valid as the original.

When requested, a copy of this employment inquiry release will be provided.

## NOTICE THAT A CONSUMER REPORT MAY BE OBTAINED FOR EMPLOYMENT PURPOSES

In connection with your application for employment, we may obtain "The Peeler Group" consumer report on you. Your signed EMPLOYMENT INQUIRY RELEASE authorizes us to obtain a The Peeler Group consumer report.

Print Full Name:				
		** Date of Birth:		
Drivers License State and Number:				
Current Street Address;				
City:	State:	Zip Code:		
Current Mailing Address:				
City:	State:	Zip Code:		
Signature of Applicant:		Date:		

\* The Social Security Number and \*\* Date of birth is being requested for identification purposes only in obtaining accurate retrieval of records and will not be used for discriminatory purposes.