

# Midway Lanes APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

DATE: \_\_\_\_\_

Name \_\_\_\_\_ SSN#(Optional) \_\_\_\_\_  
Last First MI

PRESENT ADDRESS \_\_\_\_\_  
Address/Box City State Zip Code

PERMANENT ADDRESS \_\_\_\_\_  
Address/Box City State Zip Code

PHONE # \_\_\_\_\_ DRIVER'S LICENSE? Yes \_\_\_\_\_ No \_\_\_\_\_ Class \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_  
Name Phone Relationship

GENERAL INFORMATION:

Front Counter  Lane Attendant  KingPin Lounge  Snack Shack  Office  Mechanic

Date you can start: \_\_\_\_\_ Salary or wage expected: \_\_\_\_\_

Hours available: Please fill in the times you are available for work each day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Check if you are willing to accept:  Full Time  Part Time  Shift Work  Temporary  Seasonal  Permanent

~Special skills/abilities/certificates/license(s)/equipment operated \_\_\_\_\_  
 \_\_\_\_\_

EDUCATION/TRAINING:

Check highest grade completed  7  8  9  10  11  12  GED  13  14  15  16  17  18

Name of School Course of Study Degree, Certificate, Occup. License

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subjects of special study or research work: \_\_\_\_\_

List any other qualifications which should be considered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MILITARY INFORMATION:

Are you a Veteran?  Yes  No Branch \_\_\_\_\_

Date of Service: From: \_\_\_\_\_ to \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Are you presently employed?  Yes  No If yes, may we contact your present Employer? \_\_\_\_\_

PLEASE COMPLETE THE EMPLOYMENT HISTORY SECTION STARTING WITH YOUR PRESENT EMPLOYER OR MOST RECENT JOB FIRST

Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Job Title \_\_\_\_\_ Hours worked per week \_\_\_\_\_

List specific tasks completed on the job. \_\_\_\_\_  
Machine/Equipment you have operated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Wage \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_

Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Job Title \_\_\_\_\_ Hours worked per week \_\_\_\_\_

List specific tasks completed on the job. \_\_\_\_\_  
Machine/Equipment you have operated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Wage \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_

Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Job Title \_\_\_\_\_ Hours worked per week \_\_\_\_\_

List specific tasks completed on the job. \_\_\_\_\_  
Machine/Equipment you have operated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Wage \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_

**REFERENCES:** Please list below three individuals who are not related to you and are not previous employers.

Name

Address

Phone #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_