

# SKANDIA FUNLAND INC.

## APPLICATION FOR EMPLOYMENT

Skandia does not discriminate because of race, creed, color, sex, age, nationality, handicap or veteran status.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Apt.# City State Zip

Phone Number: ( ) \_\_\_\_\_

Are you 18 years or older? YES NO Age, if under 18 \_\_\_\_\_

If in school, can you obtain a work permit? YES NO

Are you legally eligible for employment in the United States? YES NO

### EMPLOYMENT DESIRED

Full Time Part Time Seasonal

Position: \_\_\_\_\_ Pay Expected: \_\_\_\_\_

Referred By: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Availability:

	SUN	MON	TUE	WED	THUR	FRI	SAT
DAY							
NIGHT							

Do you have any special training or skills (languages, machine operation, etc.)?  
\_\_\_\_\_

Are you currently employed? YES NO

If so, may we contact your present employer? YES NO

### REFERENCES

(Name three people, not related to you, whom you have known at least one year)

NAME OCCUPATION PHONE NUMBER YEARS ACQUAINTED

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	G.P.A.
GRADUATE OR VOCATIONAL					
COLLEGE					
HIGH SCHOOL					

## WORK HISTORY

Please give accurate and complete employment information.

Start with your present or most recent employer.

Company Name: _____ Address: _____ Name of Supervisor: _____ Job Title and duties: _____	Phone: _____  Dates of employment From: _____ To: _____
Company Name: _____ Address: _____ Name of Supervisor: _____ Job Title and duties: _____	Phone: _____  Dates of employment From: _____ To: _____
Company Name: _____ Address: _____ Name of Supervisor: _____ Job Title and duties: _____	Phone: _____  Dates of employment From: _____ To: _____

The information provided in this Application for Employment is true, correct, and complete. Any misstatement or omission of fact on this application may be justification for refusal of, or if employed, may result in my dismissal. I understand that if employed, the first ninety days are probationary. I further understand that my relationship with this company is at-will and that either party may terminate employment at any time. This is an application and no employment contract is being offered.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_