

STOP_BUTTON BAR + ARCADE

APPLICATION FOR EMPLOYMENT

Equal access to employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact the Owner. In consideration for employment, I agree to conform to Stop_Button's Rules and Policies. **Stop_Button is an Equal Opportunity Employer.**

Name: _____ Phone: _____ Date: _____

Address: _____

SSN#: _____ Email: _____

Applying for: _____ Desired income: _____/hour

- Are you employed now? _____ If so, may we contact your employer? Yes/No
- Date you can start: _____
- Are there any days or hours you will not work? Do you require any personal time off (vacation, holidays, weddings, etc.) over the next six months If yes, explain: _____

- Have you been convicted of a crime in the last seven (7) years?
Explain: _____

(Such conviction may be relevant if job-related, but does not bar you from employment)

Employment History

(List below your last three employers, starting with the most recent one first)

From: _____ To: _____ Employer: _____

City / State: _____

Manager's Name: _____ Position: _____

Rate of Pay: _____

Reason for leaving: _____

From: _____ To: _____ Employer: _____

City / State: _____

Manager's Name: _____ Position: _____

Rate of Pay: _____

Reason for leaving: _____

From: _____ To: _____ Employer: _____

City / State: _____

Manager's Name: _____ Position: _____

Rate of Pay: _____

Reason for leaving:

Describe any education/training or experience that you believe is relevant to the job you have applied for:

If you are currently in school, please list your school schedule:

Emergency Contact: _____

I certify that answers given herein are true and complete. I understand that falsified statements, failure to identify any previous Stop_Button employment history or omissions of facts shall disqualify me from further consideration or if employed, will be grounds for dismissal. I authorize the Stop_Button to make investigations and inquiries of my personal and employment history. I hereby release Stop_Button from all liability that may result from utilization of such information. I acknowledge that this application will remain active for 60 days from this date and I also acknowledge that my employment with the Stop_Button is temporary for the first 90 days and is for no specific term, I may be terminated at any time, during or after my first 90 days, with or without cause or notice. Further, I acknowledge that Stop_Button has a requirement that employees be paid electronically.

Signature of Applicant: _____ **Date:** _____