



Employment Application

Applicant Information			
Last Name	First Name	M.I.	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your date of birth? ___/___/___
Street Address		City	State Zip
Phone #	Alternate Phone # (optional)	Email	
Position you are applying for:			

Employment History (please list current or most recent employer first)		
Employer	Address	City/State/Zip
Position/Title	Dates of Employment	Reason for Leaving
Supervisor Name/Title/Phone or Email		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Description of Duties and Responsibilities		
Employer	Address	City/State/Zip
Position/Title	Dates of Employment	Reason for Leaving
Supervisor Name/Title/Phone or Email		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Description of Duties and Responsibilities		

Education		
School Name/City/State	Major	Degree Received
School Name/City/State	Major	Degree Received
School Name/City/State	Major	Degree Received

General Information	
Have you applied for employment with any AMP property in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list property and date of application_____
Have you previously worked for any location that is currently operated by AMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list property and dates of employment_____
What days of the week are you available to work?	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Which shift(s) are you able to work?	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings
Nights, weekends, and holidays are often our busiest operating times. Are you willing to work during these times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to submit to a pre-employment background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to submit to a pre-employment drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If required for the position for which you are applying, do you have a valid drivers' license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required
If offered employment, are you able to submit proof of identity and legal authorization to work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have served in the military, are you willing to submit your DD-214 Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please list any skills you have which may be relevant to the position for which you are applying?	
Please list any other information (ex: extra-curricular or civic activities) that are relevant to the position for which you are applying?	

Acknowledgement

I certify that the information provided on this employment application and any information that may be given during the interview process is true, complete and accurate. I understand and acknowledge that false or inaccurate information may be reason for any offer of employment to be rescinded or employment to be terminated.

I understand that Amusement Management Partners, LLC (AMP) is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or sexual preference. I further understand that this Employment Application does not constitute a contract/agreement for employment, express or implied. If I am hired by AMP, I also understand that my employment is at-will, not for a specified period of time, and can be terminated at any time, with or without cause or notice, by me or AMP.

I understand that AMP reserves the right to require me to submit to drug and/or alcohol testing and a background check both prior to employment, but after a contingent offer of employment, and during employment. All testing will be done in accordance with applicable Federal, State, and Local laws including the Fair Credit Reporting Act.

I give AMP my permission to contact my previous employers, references and educational institutes to verify the information listed in this application. I authorize my previous employers, references and educational institutes to release information regarding my employment or education with them that is pertinent to the position with AMP for which I am applying. Further, I release my previous employers, references and educational institutes from any liability as a result of releasing information to AMP.

Applicant Name (Print)_____

Date_____

Applicant Name (Sign)_____