

# SwingZone, Inc.

## Employment Application Form

<b>PLEASE PRINT ALL INFORMATION REQUESTED AND SIGN AT BOTTOM OF PAGE TWO</b>	<b>APPLICATION FOR EMPLOYMENT</b> <b>APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS</b>	DATE _____		
Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Last</span> <span>Maiden</span> </div>				
Present address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Number</span> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>				
How long _____ Social Security No. _____ - _____ - _____				
Telephone ( ____ ) _____ If under 18, please list age _____				
Position applied for (1) _____ and salary desired (2) _____ (Be specific)		Days / times available to work: No Pref _____ Wed _____ Sat _____ Mon _____ Thu _____ Sun _____ Tue _____ Fri _____		
How many hours can you work weekly? _____ Can you work nights? _____				
Employment desired <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL OR PART-TIME    When available for work? _____				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (CITY / STATE)	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____ _____				
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your means of transportation to work? _____ Driver's license number _____ State of issue _____ What Type? <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur Expiration date _____ Have you had any accidents during the past three years? _____ How many? _____				
Please list two references other than relatives or previous employers. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Name _____            Position _____            Company _____            Telephone ( ____ ) _____         </div> <div style="width: 45%;">           Name _____            Position _____            Company _____            Telephone ( ____ ) _____         </div> </div>				
MEMBER OF ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No    Branch _____    Dates: From _____ To _____				

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**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional pages if necessary.**

Name of employer: _____ Address: _____ City, State, Zip Code _____ Phone number _____ Your last job title _____	Name of last supervisor _____	Employment dates From _____ To _____	Pay or salary Start _____ Final _____
	May We Contact? _____		

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

\_\_\_\_\_

\_\_\_\_\_

Name of employer: _____ Address: _____ City, State, Zip Code _____ Phone number _____ Your Last Job Title _____	Name of last supervisor _____	Employment dates From _____ To _____	Pay or salary Start _____ Final _____
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Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION FORM WAIVER - PLEASE READ CAREFULLY**

In exchange for the consideration of my job application by Swing Zone, Inc. (hereinafter called "the Company"), I agree that: neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Swing Zone, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Swing Zone, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. Thank you for completing this application form and for your interest in our business.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_