



SERVICE SYSTEMS ASSOCIATES
FOOD SERVICE AND MERCHANDISING FOR ZOOS AND AQUARIUMS

Employment Application

Date of Application _____

Position Applied For:
 (Check all that apply)

- Concessions (Food Stands)
 Retail (Gift Shops)
 Janitorial (Custodial)
 Special Events (Catering)
 Rides (Valid driver's license required) (Train/Carousel)

Personal History

| | | | | | | | | | |
|--|---------------------------------|--|---------------------|---|---|---|---|---|-------------|
| Last name | First Name | (M.I.) | Social Security No. | | | | | | |
| Current Home Address | Apt. # | City | State | Zip Code | | | | | |
| Home Telephone # () | Business Telephone # () | If employed, can you verify that you are 18 yrs. of age or older? <input type="radio"/> YES <input type="radio"/> NO | | If no, do you have a valid work permit? <input type="radio"/> YES <input type="radio"/> NO | | | | | |
| Date available to start: | Days and Hours available | S | M | T | W | T | F | S | Hours _____ |
| Are you either a United States citizen or an alien who has the right to work in the job for which you are applying? <input type="radio"/> Yes <input type="radio"/> No | | Pursuant to the Immigration Reform and Control Act of 1986, if you are hired you must produce, within 72 hours, documents which are specified by the federal government, establishing your identity and authorization for employment in the United States. | | | | | | | |

Education List highest level of education acquired.

| GED: | Yes | No | Date received | Name and Address of Site | | |
|-----------------------------|-----|----|---------------|---|---------------------|-----------|
| School name | | | | School address | # of years attended | Graduate? |
| High School | | | | Address _____ City _____ State _____ Zip Code _____ | | |
| College or Technical School | | | | Address _____ City _____ State _____ Zip Code _____ | Degree/Major | |
| Trade or Graduate School | | | | Address _____ City _____ State _____ Zip Code _____ | Degree/Major | |

Employment History List present and past employment, beginning with the most recent. (Include military service.)

| | | | | |
|---|----------------------------|----------------------------|----------|--------------------|
| May we contact Present Employer? Yes No | | | | |
| Dates | Employer | Duties | Pay Rate | Reason for leaving |
| Current/ Most Recent Job From: To: | Name _____ | | Start | |
| | Address _____ | | \$ _____ | |
| | City _____ | | Finish | |
| | State _____ Zip Code _____ | | \$ _____ | |
| Telephone () | | Supervisor: Name and Title | | |
| May we contact This Employer? Yes No | | | | |
| Dates | Employer | Duties | Pay Rate | Reason for leaving |
| Current/ Most Recent Job From: To: | Name _____ | | Start | |
| | Address _____ | | \$ _____ | |
| | City _____ | | Finish | |
| | State _____ Zip Code _____ | | \$ _____ | |
| Telephone () | | Supervisor: Name and Title | | |
| May we contact This Employer? Yes No | | | | |
| Dates | Employer | Duties | Pay Rate | Reason for leaving |
| Current/ Most Recent Job From: To: | Name _____ | | Start | |
| | Address _____ | | \$ _____ | |
| | City _____ | | Finish | |
| | State _____ Zip Code _____ | | \$ _____ | |
| Telephone () | | Supervisor: Name and Title | | |
| May we contact This Employer? Yes No | | | | |
| Dates | Employer | Duties | Pay Rate | Reason for leaving |
| Current/ Most Recent Job From: To: | Name _____ | | Start | |
| | Address _____ | | \$ _____ | |
| | City _____ | | Finish | |
| | State _____ Zip Code _____ | | \$ _____ | |
| Telephone () | | Supervisor: Name and Title | | |

Professional License/Certification

| | |
|--|-------------------------------------|
| Professional License/Certification _____ | Date received _____ |
| License/Certification # _____ | License/certified in State of _____ |

References

| | | |
|------------------------|-------------------------|-------------------------------------|
| Name _____ | Home phone () _____ | Business phone () _____ |
| Address _____ | Years known _____ | Socially _____ Professionally _____ |
| Business Address _____ | | |
| City _____ | State _____ | Zip Code _____ Title _____ |
| Name _____ | Home phone () _____ | Business phone () _____ |
| Address _____ | Years known _____ | Socially _____ Professionally _____ |
| Business Address _____ | | |
| City _____ | State _____ | Zip Code _____ Title _____ |
| Name _____ | Home phone () _____ | Business phone () _____ |
| Address _____ | Years known _____ | Socially _____ Professionally _____ |
| Business Address _____ | | |
| City _____ | State _____ | Zip Code _____ Title _____ |

Please Read Carefully

I understand that Service Systems Associates, Inc. is an at will employer and my employment can be terminated with or without cause and with or without notice at any time at the option of SSA or myself. If employed by SSA, I will abide by the policies, procedures, rules and regulations, and understand that they can be changed at any time. I understand that as an employee I am responsible for knowing the rules, regulations, policies and procedures of the organization.

I give authorization to contact any or all-previous employers, references, schools, law enforcement agencies, and all persons necessary to confirm my personal history, general reputation and character. All persons, corporations, law enforcement agencies and schools supplying such information will be released from all liability and damages whatsoever or using said information.

Applicant's signature _____
Date