

VIDEO GAMES ETC!
"Just a game? I don't think so!"

**APPLICATION
FOR EMPLOYMENT**

Location you're applying at: Cedar Rapids Cedar Falls Coralville Davenport Dubuque Moline

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE # _____ EMAIL _____

EMPLOYMENT DESIRED

POSITION DESIRED _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU PRESENTLY EMPLOYED? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? _____

AVAILABILITY

	SUN	MON	TUES	WED	THURS	FRI	SAT
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER SCHOOL			

ACTIVITIES, HOBBIES & INTERESTS INCLUDING: VIDEO GAME SYSTEMS, GADGETS AND COLLECTABLE CARD GAMES _____

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

PERSONAL AND CAREER GOALS _____

EMERGENCY CONTACT

IN CASE OF EMERGENCY _____
NAME ADDRESS PHONE #

IF HIRED, WOULD YOU HAVE ANY ISSUES MAKING IT WORK ON TIME AND WHEN SCHEDULED? _____

FORMER EMPLOYERS

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

EMPLOYED FROM _____ TO _____ REASON FOR LEAVING _____

EMPLOYED BY _____
EMPLOYER (COMPANY) NAME SUPERVISOR'S NAME PHONE

POSITION _____ SALARY _____

RESPONSIBILITIES _____

EMPLOYED FROM _____ TO _____ REASON FOR LEAVING _____

EMPLOYED BY _____
EMPLOYER NAME SUPERVISOR'S NAME PHONE

POSITION _____ SALARY _____

RESPONSIBILITIES _____

EMPLOYED FROM _____ TO _____ REASON FOR LEAVING _____

EMPLOYED BY _____
EMPLOYER NAME SUPERVISOR'S NAME PHONE

POSITION _____ SALARY _____

RESPONSIBILITIES _____

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	PHONE NUMBER

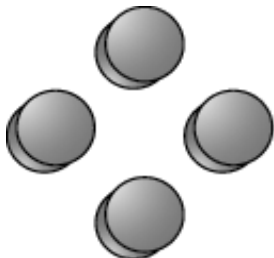
VIDEO GAMES ETC! DOES NOT DISCRIMINATE IN HIRING OR TERMS OR CONDITIONS OF EMPLOYMENT ON THE BASIS OF RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY OR ANY OTHER BASIS UPON WHICH DISCRIMINATION IS PROHIBITED BY MUNICIPAL, STATE OR FEDERAL LAW. NO QUESTIONS ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION THAT MAY BE USED FOR DISCRIMINATORY PURPOSES.

I CERTIFY THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, ANY FALSIFIED STATEMENTS OR MISREPRESENTATIONS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL AT ANY TIME.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO PROVIDE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. I RELEASE ALL PARTIES FROM ALL LIABILITY ARISING THERE FROM.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

SIGNATURE _____ DATE _____



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