

ROCKWELL AMUSEMENTS EMPLOYMENT APPLICATION

Contact Information

First Name:*

Middle Name:

Last Name:*

Street Address:*

City:*

State:*

Zip Code:*

Phone:*

Email:

Personal Information

Age:*

Gender:* Male | Female

Position Applying For:

Do you have experience in this position? Yes | No

If yes, how many years?

Are you currently employed? Yes | No

If yes, by whom?

Name:

Contact #:

School Level	Name/Location of School	Years Attended	Graduate?
High School	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> GED <input type="radio"/> No
College	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Trade/Business/Correspondence School	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No

Do you have any special training or skills? If so, explain:

Upon submission of this application, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, satisfied statements on this application should be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise and release the company from all liability for damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I agree to the above upon submission of this application.

() I AGREE - SUBMIT