

Application for Employment			Da	ate of Applicat	ion	
Please complete all sections. Incomp	mplete applications will	not be considered	1.			
Position Applied For: (Check all that apply)						
Concessions Retail (Gift Shops)	1 1 -	ial Events Ric		er's license required Carousel)	d)	
Have you applied for employment with SSA	before? YesNo	If yes, date:				
Have you previously worked with SSA? Yes	s NoIf yes, w	/hen? :				
Position held: Reason for			No			
Do you know anyone currently working for S	Service System Associates, Inc.?	Yes				
How did you hear about the position?						
Personal Information (Please Print	t)					
Last name	First Name	(M.	.I.) S	Social Security No.		
Current Home Address	Apt. #	City		State	Ziţ	o Code
Home Telephone #	Business Telephone #			n you verify that		o you have a valid
	()			of age or older?	work pe	ermit? No
Date available to start:	Da	ys and Hours available	S M	1 T W T 1	F S	Hours
Are you legally eligible for employment in (Proof will be required if hired.)	the United States?	Yes	No	_		
Educational Background List high	nest level of education acquired	i.				
GED: Yes No Date rec	eived	Name and Address of	Site			
School name	School address			# of years attended	ed	Graduate?
High School	Address					
	City					

Zip Code_

State__

College or Techr	nical School	Address					
		City			De	egree/Major	
		State	Z	Zip Code			
Trade or Graduat	te School	Address_					
		City			De	gree/Major	
		State	Z	Zip Code			
Employment 1	History List present an	d past employment, beg	ginning	with the most recent. (Include military se	ervice.)		
May we contact	Present Employer?	Yes	No				
Dates	Employer			Duties		Pay Rate	Reason for leaving
Current/ Most Recent	Name					Start	
Job	Address					\$	
From:	City					Finish	
То:	State	Zip Code				\$	
Telephone ()		Supervisor: Name and T	itle				•

Pay Rate

Start

Finish

Pay Rate

Start

Finish

Date received_

License/certified in State of__

Reason for leaving

Reason for leaving

May we contact This Employer?

Employer

Name_

State_

Employer

Name_

City

State_

Professional License/Certification

Professional License/Certification_

License/Certification #_

Address

May we contact This Employer?

Address

Dates

Job

To: Telephone

Dates

Job

From:

To:

Current/

Most Recent

From:

Current/

Most Recent

Yes

Supervisor: Name and Title

Yes

Zip Code_

Zip Code_

No

No

Duties

Duties

Name			Home phone ()	Business phone ()
Address			Years known	Socially		Professionally
Business Address	s					
City	State	Zip Code	Title			
Name			Home phone ()	Business phone ()
Address			Years known_	Sociall	<u> </u>	Professionally
Business Address	s					
City	State	Zip Code	Title			
Name			Home phone ()	Business phone ()
Address			Years known	Socially		Professionally
Business Address	S					
City	State	Zip Code	Title			
		OT a telony micae	meanor or a lassissio	lation other than a m	nor traffic viola	tion? Ves No
We are a drug a Conviction with ought will be of yes, to either Clease Read C	been convicted and alcohol-free ill not automatic considered. or both questio	e workplace. Have cally bar you from ns, please explain:	you been convicted of employment. The da		ne?* Yes No lationship of the	conviction to the position

Date

Applicant's signature