Santa's Workshop

Cascade, CO 80809
719-684-9432

APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer
2017 Season

Last Name:_____ **First Name**_____

Mailing Address: _____

City/State/Zip Code: _____

Home Telephone: (_____) - _____-_____ **Cell number** (_____) - _____-_____

Social Security Number (after hire) _____

AGE: Check one of the following:
[] **16 to 17 years of age** [] **18 years of age or over**
Age and Birth Date will be required after employment

IN CASE OF EMERGENCY NOTIFY:
Name of Parent, Guardian or Next of Kin: _____
The above person's relationship to you: _____
Address: _____
Daytime telephone number _____

Have you ever been employed by Santa's Workshop before? [] **Yes** [] **No**
If yes, give the year(s) you were employed_____
Name of Supervisor_____

SANTA'S WORKSHOP IS OPEN MID-MAY THRU DECEMBER 24

NOTE: Your availability dates are very important. Please give serious consideration to the dates you choose, because they will have a strong bearing on your application. Failure to comply with the dates you choose may affect future employment status.

I am available weekends until school is out for the summer [] **Yes** [] **No**

I can begin full-time from: _____
Beginning Date

_____
Ending Date

I am available to work Labor Day Weekend [] **Yes** [] **No**

I can work weekends after school starts in the Fall [] **Yes** [] **No**

If you were hired is there any activity for any time this year when you would not be available to work a regular schedule? Such as family reunions, vacation, school activities like football camp, band, volleyball, etc.? If there is anything that might interrupt or delay your employment, please state and give dates:
_____
_____
_____
_____
_____

For Office Use

O: _____ **Employee #**_____
PT _____ **T/C #** _____
FT _____ **GL Acct**_____**Job Class#** _____
Position_____**Where**_____ **RFR**_____
Drug test scheduled_____ **Results**_____

MEDICAL HISTORY:
Can you perform the functions of the job for which you are applying with or without a reasonable accommodation? Y or N (Circle one) If No what can be done to accommodate any limitation you feel you may encounter: _____
_____
_____
_____
_____

EDUCATION:

	Name & Location	Circle highest grade completed as of June 2017
School		7 –8 – 9 – 10 – 11 - 12
College		1 – 2 – 3 - 4
Other		1 – 2 – 3 - 4

EMPLOYMENT HISTORY
#1
EMPLOYER _____**ADDRESS** _____
POSITION HELD_____**SUPERVISOR**_____
DATES EMPLOYED: FROM____**TO**_____ **RATE OF PAY:** _____
PHONE NUMBER _____**REASON FOR LEAVING** _____
#2
EMPLOYER _____**ADDRESS** _____
POSITION HELD_____**SUPERVISOR**_____
DATES EMPLOYED: FROM____**TO**_____ **RATE OF PAY:** _____
PHONE NUMBER _____**REASON FOR LEAVING** _____
#3
EMPLOYER _____**ADDRESS** _____
POSITION HELD_____**SUPERVISOR**_____
DATES EMPLOYED: FROM____**TO**_____ **RATE OF PAY:** _____
PHONE NUMBER_____ **REASON FOR LEAVING**_____

SPECIAL SKILLS OR QUALIFICATIONS: _____
_____
_____

Have you ever been convicted of a felony? [] Yes [] No
If Yes, please explain: _____
_____

How did you hear about Santa's Workshop? _____

Have you reliable transportation to work? _____
(Be specific) _____

I hereby certify the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that the omission, falsification, and/or misrepresentation of any fact from this application or during any interview will be cause for rejection of my application or immediate dismissal if I become employed.

I authorize all employers, schools, and other organizations and persons' named on my application to provide any information relevant to an employment decision, and I release them from any/all liability whatsoever.

I further understand that Santa's Workshop is an at-will employer. This means that if I am employed, it is not for any specific time or duration. I understand that, just as I am free to resign at any time, Santa's Workshop reserves the right to terminate my employment at any time, with or without cause and without prior notice.

_____
Signature **Date**