

# The Halloween Zone<sub>7</sub>

**whatdoyouwannabe?**  
 www.HalloweenZone.com

## APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 prohibits discrimination in employment on the basis of race, color, religion or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age and less than 70. Title 1 employment provisions of the Americans With Disabilities Act prohibits discrimination against qualified individuals with disabilities in job application procedures.

1) **Name** (Please Type or Print Legibly) *Note: you may add additional sheets to supplement your answer, if necessary.*

Last	First	Middle	Social Security Number
Street	City	State	Zip
Day Phone	Evening Phone	Other (Specify)	

2) ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES  NO

3) ARE YOU 18 YEARS OF AGE OR OLDER? YES  NO

*If you are under 18 years of age, please include the following information about your parent or guardian.*

Last	First	Middle	
Street	City	State	Zip
Day Phone	Evening Phone	Other (Specify)	

3) HAVE YOU EVER APPLIED FOR A POSITION WITH The Halloween Zone 7 BEFORE? YES  NO

IF YES, WHEN \_\_\_\_\_

4) WORK AVAILABILITY  
 WOULD YOU PREFER TO WORK ? FULL TIME  PART TIME

*NOTE: ALL EMPLOYMENT WITH The Halloween Zone 7 IS ATEMPORARY@AS IT WILL END IN OR AROUND THE FIRST WEEK IN NOVEMBER.*

a. Do you have any objection to working overtime? YES  NO

b. Can you work overtime without prior notice? YES  NO

c. Can you work Days? YES  NO

d. Can you work nights? YES  NO

e. Can you work on Saturday? YES  NO

f. Can you work on Sunday? YES  NO

g. Other than stated in **A** thru **F** above, are there any times or days that you are not available to work?  
 \_\_\_\_\_

h. If your application is approved, when could you begin work? \_\_\_\_\_

i. If your application is approved, what hourly rate would you desire? \$ \_\_\_\_\_ per hour

5) ARE YOU EMPLOYED NOW? YES  NO

6) DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE JOBS AND/OR TAKE ON AN ADDITIONAL PART TIME POSITION? YES  NO

7) PLEASE LIST PLACES OF CURRENT AND FORMER EMPLOYMENT:

<b>A.</b> Name	Address	Phone	Contact	Type of Business	Dates
Duties			Highest Hourly Rate		Reason For Leaving
<b>B.</b> Name	Address	Phone	Contact	Type of Business	Dates
Duties			Highest Hourly Rate		Reason For Leaving
<b>C.</b> Name	Address	Phone	Contact	Type of Business	Dates
Duties			Highest Hourly Rate		Reason For Leaving

**NOTE:** Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them. On an additional piece of paper, please list any employers you do not want us to contact and your reason for the exclusion.

8) PLEASE LIST ANY INFORMATION THAT RELATES TO YOUR ABILITY, EXPERIENCE AND KNOWLEDGE TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING. PLEASE INCLUDE SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, RETAIL EXPERIENCE

ETC.

- 9) HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? YES 9 NO 9  
 IF YES, WHAT RANK? \_\_\_\_\_ WHICH BRANCH? \_\_\_\_\_ WHEN DISCHARGED? \_\_\_\_\_
- 10) HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES 9 NO 9  
 If Yes a. Was it a misdemeanor or a felony? Misdemeanor 9 Felony 9 Amount involved \$ \_\_\_\_\_  
 b. Did it involve Fraud or Dishonesty? YES 9 NO 9  
 c. Did it affect your driving record? YES 9 NO 9  
 d. Please explain any of the above

NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR A EMPLOYMENT POSITION. HOWEVER, APPLICANT MUST BE APPROVED FOR BONDING BY The Halloween Zone 7-S INSURANCE CARRIER.

11) **EDUCATION**

EDUCATION	NAME AND ADDRESS OF SCHOOL	DATES ATTENDED	GRADUATE	COURSES, MAJOR, DEGREE
Elem - Jr. High				
High School				
College				
Trade or Vocational				

12) **IN CASE OF AN EMERGENCY, PLEASE NOTIFY**

Last	First	Middle
Street	City	State Zip
Day Phone	Evening Phone	Other (Specify)

13) **REFERENCES**

(Please do not include family members or former employers)

A. NAME	ADDRESS	PHONE	CONTACT	TYPE OF BUSINESS	DATES
B. NAME	ADDRESS	PHONE	CONTACT	TYPE OF BUSINESS	DATES

**Please read this section carefully and acknowledge your understanding by signing your name in the space below.**

I certify that all of the statements made by me on this application are true, correct, and complete to the best of my knowledge.

**1. Consent To Conduct Background Investigation** - As a condition of and in consideration for The Halloween Zone 7's consideration of this application, I give permission to The Halloween Zone 7 to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to The Halloween Zone 7 to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

**2. Consent To Contact Past Employers** - I give permission to The Halloween Zone 7 to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with The Halloween Zone 7, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of The Halloween Zone 7. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to The Halloween Zone 7. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release. The Halloween Zone 7 is also authorized to provide past employers with a copy of this application, so that such past employers may maintain a record of my consent and indemnification. I also indemnify and hold The Halloween Zone 7 harmless for any claims that arise from such communication with my former employers.

**3. Consent To Contact Government Agencies** - I give permission to any agent, attorney or representative of The Halloween Zone 7 to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate The Halloween Zone 7 as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

**4. Cooperation With Investigation** - I agree to fully cooperate in The Halloween Zone 7's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

**5. Falsification Statement** - I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

**6. Employment "At Will"** - If my application is approved, I agree, in consideration of my employment, to conform to the rules and regulations of The Halloween Zone 7, and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either The Halloween Zone 7 or myself, except as otherwise provided by law. I understand that no manager or representative of The Halloween Zone 7, other than one of the officers of The Halloween Zone 7, has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by one of the officers of The Halloween Zone 7.

**7. Management Position.** - In the event that I am applying for or am offered a store management position (or higher), I understand that as a condition of employment and in consideration for employment, I will be requested to sign a document entitled "Special Terms and Conditions of Employment." This document includes a covenant not to compete with The Halloween Zone 7 in the Halloween industry.

**8. Confidential Information** - In the event that I am hired, I understand that I will be provided proprietary information concerning the Trade Secrets of The Halloween Zone 7. I understand and agree to keep this information confidential and not divulge such Trade Secrets to other persons or entities for as long as there are secrets.

For the purposes of this application, a Trade Secret includes information shared with me by The Halloween Zone 7 or learned by me in connection with my employment at The Halloween Zone 7 and not generally known by others not employed at The Halloween Zone 7.

**FEDERAL LAW PROHIBITS THE EMPLOYMENT OF UNAUTHORIZED ALIENS. ALL PERSONS HIRED MUST SUBMIT SATISFACTORY PROOF OF EMPLOYMENT AUTHORIZATION AND IDENTITY (VALID DRIVER'S LICENSE, BIRTH CERTIFICATE, GREEN CARD, ETC.) WITHIN THREE DAYS OF BEING HIRED. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME SHALL RESULT IN IMMEDIATE EMPLOYMENT TERMINATION.**

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Print Applicant-s Name

Applicant's Signature

Date