

Insane Paintball Application for Employment
 Equal Opportunity Employer

Date _____

Personal Information

Name (Last Name First) _____		Social Security No. _____	
Address _____		City _____	State _____ Zip Code _____
Home Phone No. _____		Cell Phone No. _____	
E-Mail Address _____		Referred By _____	

Employment Desired

Position _____	Date You Can Start _____	Salary Desired _____
Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Inquire Of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where? _____

Education History

	<u>Name & Location of School</u>	<u>Years Attended</u>	<u>Did You Graduate?</u>	<u>Major</u>
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other Schools	_____	_____	_____	_____

Former Employers (List below last 3 employers starting with last one first)

<u>Date-Month & Year</u>	<u>Name & Phone No.</u>	<u>Salary</u>	<u>Position</u>	<u>Reason For Leaving</u>
From:	To:	-----		
From:	To:	-----		
From:	To:	-----		

Continued On Other Side

References (Give below the names of 3 people not related to you, that you have known at least one year)

<u>Name</u>	<u>Phone No.</u>	<u>How Do You Know Them?</u>	<u>Years Known</u>
1.			
2.			
3.			

General Information

US military or Naval service? Branch _____ Rank _____

Have you ever been convicted of a felony? ____ Yes ____ No

Special training or skills in any area?

Do you play paintball? ____ Yes ____ No
If yes, how often do you play and at what level do you play (recreational, scenario, tournament, referee etc)?

Other hobbies and information you would like us to know about yourself.

Authorization

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

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

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date _____ **Signature** _____

Interviewed By _____ Date _____

