

# Party Planet

The ULTIMATE Party Super Store

## Employment Application

### Applicant Data:

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Social Security Number: - -

Salary Requirement: \_\_\_\_\_ /Hour

### Positions Available:

(Check all positions that you would like to be considered for)

Cashier    Balloon Artist    Delivery Personnel\*\*    Entertainers (clowns/face painters/etc)

**Mark your availability**



	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM							
PM							

Are you available to work weekends and holidays?  Yes  No

How many hours a week do you want to work? \_\_\_\_\_

Place an X on the shifts you are NOT available to work. Leave the shifts that you ARE available to work blank.

Type of employment desired:  Full-Time    Part-Time    Seasonal   Are you available to work over time?  Yes  No

Are you at least 18 years of age?  Yes  No   If under 18, what is your birth date? (m/d/y) \_\_\_\_\_

Can you provide a work permit if you are under the age of 18?  Yes  No   If no, please explain: \_\_\_\_\_

Have you ever worked for this company before?  Yes  No   If yes, when and what location? \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If not, are you legally permitted to work in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  No   If yes, give dates and details: \_\_\_\_\_

\*Answering yes to this question does not automatically disqualify applicant from being employed with Party Planet or its subsidiaries. The dates of the offense, including its nature and seriousness and the position applied for, will be the determining factor in the decision to offer employment.

Driver's License Number:\*\* \_\_\_\_\_

State Issued: \_\_\_\_\_

Expires: \_\_\_\_\_

\*\*Required only if applying for a position that involves the driving of a motor vehicle for the delivery of goods)

List any special qualifications or skills that you have: \_\_\_\_\_

**Employment History: (Begin with current or most recent first)**

Dates of Employment: From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ His/Her Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Last position held: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Responsibilities/Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer  Yes  No

Dates of Employment: From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ His/Her Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Last position held: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Responsibilities/Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer  Yes  No

Dates of Employment: From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ His/Her Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Last position held: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Responsibilities/Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer  Yes  No

I certify that my answers are true and correct to the best of my knowledge. I authorize Party Planet LLC to make such investigations and inquiries of my personal, employment, educational, financial and other related matter as may be necessary for an employment decision. I hereby release Party Planet LLC and all its subsidiaries from all liability when responding to inquiries in connection with my application.

In the event I am employed by Party Planet LLC, I understand that any false or misleading information given in my application or interviews may result in immediate discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_