



APPLICATION FOR EMPLOYMENT, CANAL HR

LASER TAG OF METAIRIE

Name (First, Middle, Last) Cell Phone

Street Address City, State, Zip

Email

Emergency Contact Phone Number Relation Desired Pay

Have you ever applied to or worked for this company before? If yes, when? Are you 18 years or older? YES NO

Can you work weekends? YES NO (This is primarily a weekend Job) Are you willing to work doubles if asked? YES NO Have you worked with children before? YES NO Type of transportation to work?

Interested in (check all that apply): Full Time Part Time Summer Temporary

| | | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|-------------------------------|------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| HOURS AVAILABLE (Spring/Fall) | From | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | To | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HOURS AVAILABLE (Summer) | From | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | To | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

EDUCATION

| | School Name | City | From - To | Graduated? | GPA |
|-------------|----------------------|----------------------|----------------------|----------------------------|----------------------|
| High School | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> (| <input type="text"/> |
| College | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> (| <input type="text"/> |
| Other | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> (| <input type="text"/> |

WORK EXPERIENCE (Begin with last or current job)

| | | | |
|---|---------------------------|---|---------------------------------|
| Company <input type="text"/> | City <input type="text"/> | Phone <input type="text"/> | Supervisor <input type="text"/> |
| Dates From <input type="text"/> To <input type="text"/> | | Position Description <input type="text"/> | |
| Company <input type="text"/> | City <input type="text"/> | Phone <input type="text"/> | Supervisor <input type="text"/> |
| Dates From <input type="text"/> To <input type="text"/> | | Position Description <input type="text"/> | |
| Company <input type="text"/> | City <input type="text"/> | Phone <input type="text"/> | Supervisor <input type="text"/> |
| Dates From <input type="text"/> To <input type="text"/> | | Position Description <input type="text"/> | |

ABOUT YOU

Military Service (Check One) Yes No If yes, state branch, discharge date, rank at discharge, and type of discharge

Have you ever been convicted of or plead guilty to a crime? YES NO If yes, describe and explain

Special skills/training?

Honors or awards received?

What do you do for fun?

Describe yourself in 10 words or less

What is your greatest accomplishment?

Do you belong to any clubs/organizations?

Why do you want to work for Laser Tag of Metairie?

Why should Laser Tag of Metairie hire you?

Additional information you would like to add

References: List three(3) persons, not related to you, whom you have known for at least one year

| NAME | TITLE | PHONE NUMBER |
|------|-------|--------------|
| | | |
| | | |
| | | |

By signing this application electronically or physically, I confirm that all information provided is true and accurate to the best of my knowledge. I understand that the information I provide can and may be used in determining my eligibility to fill any open positions.

SIGNATURE

DATE