



# EMPLOYMENT APPLICATION

Ice in Paradise is an equal opportunity employer, dedicated to a policy of non-discrimination on any basis prohibited by federal, state, or local law.

Application Date

■ Please complete this application in its entirety.

## APPLICANT INFORMATION

Last Name | First Name | Middle Name

Mobile Number | Alternate Number

Present Address | City | State | Zip Code

Email Address

Position Applied For | Salary Desired  per hour  per year | Date Available

Have you ever applied to or worked for Ice in Paradise?  YES  NO  
If yes, when?

Do you have any friends or relatives working for Ice in Paradise?  YES  NO  
If yes, state name(s) and relationship:

Do you speak, write, or understand any foreign languages?  YES  NO  
If yes, please list:

Seeking:  
 FULL-TIME  PART-TIME  
 SEASONAL

Are you currently employed?  
 YES  NO

If you are currently employed, may we contact your employer?  
 YES  NO

### Hours Available

MON	TUE	WED	THU	FRI	SAT	SUN

Are you able to perform the essential job functions of the position you are applying for with or without reasonable accommodations?  YES  NO

If hired, will you be able to work:  
Overtime  YES  NO  
Weekends  YES  NO

Do you have a reliable means of transportation to and from work?  
 YES  NO

Are you legally eligible to be employed in the U.S.?  YES  NO

Are you at least 18 years of age?  
 YES  NO

If under 18, do you have a work permit?  
 YES  NO

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application.  YES  NO  
If yes, please explain:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

## EDUCATION AND TRAINING

### HIGH SCHOOL

Name	Address	City	State	Zip Code
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Years Completed	<input type="checkbox"/> YES <input type="checkbox"/> NO Graduate?	Diploma

### VOCATION/BUSINESS/TECHNICAL

Name	Address	City	State	Zip Code
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Years Completed	<input type="checkbox"/> YES <input type="checkbox"/> NO Graduate?	Diploma/Degree/License/Certificate

### COLLEGE/UNIVERSITY

Name	Address	City	State	Zip Code
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Years Completed	<input type="checkbox"/> YES <input type="checkbox"/> NO Graduate?	Diploma/Degree/License/Certificate

### GRADUATE

Name	Address	City	State	Zip Code
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Years Completed	<input type="checkbox"/> YES <input type="checkbox"/> NO Graduate?	Diploma/Degree/License/Certificate

### OTHER

Name	Address	City	State	Zip Code
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Years Completed	<input type="checkbox"/> YES <input type="checkbox"/> NO Graduate?	Diploma/Degree/License/Certificate

### Experience (check all that apply)

	<input type="checkbox"/> YES <input type="checkbox"/> NO	Certification Number	Issuing State	Expiration Date
Skating Experience	<input type="checkbox"/> YES <input type="checkbox"/> NO			
First Aid Certification	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Safe Sport Certification	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Zamboni Driving Experience	<input type="checkbox"/> YES <input type="checkbox"/> NO			
USA Hockey (Skating Professional)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO			

### MILITARY SERVICE

Are you a veteran?  YES  NO

Date	Rank	Training

## EMPLOYMENT HISTORY

### CURRENT/MOST RECENT EMPLOYER

Name	Address	Type of Business		
Name and Title of Supervisor		Phone Number	Start Date	End Date
Job Title	Duties	Reason for Leaving		

**EMPLOYMENT HISTORY (CONTINUED)****PREVIOUS EMPLOYER**

Name	Address	Type of Business		
Name and Title of Supervisor	Phone Number	Start Date	End Date	Ending Salary
Job Title	Duties	Reason for Leaving		

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**REFERENCES**

#1

Name	Occupation	Years Acquainted		
Address	City	State	Zip Code	Phone Number

#2

Name	Occupation	Years Acquainted		
Address	City	State	Zip Code	Phone Number

#3

Name	Occupation	Years Acquainted		
Address	City	State	Zip Code	Phone Number

**CERTIFICATION AND AUTHORIZATION**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. **Please initial:** \_\_\_\_\_

I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. **Please initial:** \_\_\_\_\_

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. **Please initial:** \_\_\_\_\_

Signature

Date