



P.O. Box 319
Millville, UT 84326

FAX: (435) 752-5548

Sunrise Fun Games

Employment Application

Thank you for considering employment with Sunrise Fun Games (SFG). Please check online (http://www.sunrisefungames.com/Online_Employment.htm) to see if we have any openings at this time. This form can be filled out on your computer and printed out to send to Sunrise Fun Games.

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please contact SFG and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1. Please read "APPLICANT NOTE" below.
- 2. Complete the entire form.
- 3. If more space is needed to complete any questions, use comments section at the bottom of the form.
- 4. Incomplete applications will not be processed. PLEASE TYPE "NOT APPLICABLE" IF YOUR ARE NOT ANSWERING A QUESTION.
- 5. Provide only requested information. Failure to do so may result in disqualification of your application.

Position Applied
For:

Name:

Last First M

Social Security
Number:

Phone:

Home: Work:

Current Address:

City State Zip

If less than 2 years at the current address, please complete:

Prior Address:

City State Zip

Availability

Date you can start:

Preferred Category: Full Time Part Time Temporary (choose only one)

Schedules Available*: Week Days Week Ends Evenings Nights Overtime

Check all that apply

If other, please specify:

*Reasonable effort will be made to accommodate sincerely held moral and ethical beliefs (WI) religious beliefs and practices (All other States)

Job Related Skills

Yes No Do you have a valid Drivers License?

Name on Drivers License:

DL #:

Type:

State of Issue:

Yes No Have you had any moving violations within the last seven years?

Please Describe:

Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this job or company:

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No If "yes" to the above question, do you understand these essential functions?

Yes No Can you perform the essential functions of this job with or without reasonable accommodation?

Security

State

County

List states and counties of residence for the past seven years (starting with the most current):

- Yes No Have you used any names or Social Security Numbers other than given above? If so, please list in comments below.
- Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below:

NOTE: Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court, or, if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

Incident

City/State

Charge

Comments:

Previous Employers

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Consult a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

Most Recent Employer

Phone:

FAX:

Company Name:

City

State

Dates Employed: From:

To:

Job Title:

Supervisor:

Duties:

Salary:

Per

Hour

Week

Bi-Weekly

Month (check only one)

Reason for leaving:

Yes No Are you currently working for this employer?

Yes No If yes, may we contact them?

Second Most Recent Employer

Phone:

FAX:

Company Name:

City

State

Dates Employed: From:

To:

Job Title:

Supervisor:

Duties:

Salary:

Per

Hour

Week

Bi-Weekly

Month (check only one)

Reason for leaving:

**Third Most
Recent Employer**

Phone:

FAX:

Company Name:

City

State

Dates Employed: From:

To:

Job Title:

Supervisor:

Duties:

Salary:

Per

Hour

Week

Bi-Weekly

Month (check only one)

Reason for
leaving:

References

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

Name:

Address/Phone

Years Known/Relationship

Education

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please indicate
highest grade
completed (check
only one):

7th

8th

9th

10th

11th

12th

Some College

College grad

Post grad

If your school records are under a different name
than listed on application, please enter that name:

Name:	City/State:	Graduated:	Degree Type:
High School		Yes No	
College		Yes No	
Other		Yes No	

Certification and Release

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability or any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited while employed by PDS, whether during business hours or not. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature:

Date:

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.