



SERVICE SYSTEMS ASSOCIATES

VISITOR SERVICES FOR CULTURAL ATTRACTIONS

Application for Employment

Date of Application _____

Please complete all sections. Incomplete applications will not be considered.

Position's Applied for:

(Check all that apply)

We run E-Verify background checks where required by Law

Concessions
 Retail
 Janitorial
 Special Events
 Admissions

Have you applied for employment with SSA before? Yes _____ No _____ if yes, date:		
Have you previously worked with SSA? Yes _____ No _____ If yes, when?		
Position held:	Reason for leaving:	No _____
Do you know anyone currently working for Service System Associates, Inc.? Yes _____		
If yes, who and how:		
How did you hear about the position? _____		

Personal Information (Please Print)

Last name		First Name		(M.I.)	
Current Home Address		Apt. #	City		State
Zip Code		Contact Phone #		Email Address	
()		If employed, can you verify that you are 18 yrs. of age or older?		If no, do you have a valid work permit?	
		Yes _____ No _____		Yes _____ No _____	
Date available to start:		Days and Hours available		S M T W T F S Hours _____	
Are you legally eligible for employment in the United States? (Proof will be required if hired.)		Yes _____		No _____	

Educational Background List highest level of education acquired.

GED:	Yes	No	Date received	Name and Address of Site
School name	School address		# of years attended	Graduate?
High School	Address _____			
	City _____			
	State _____ Zip Code _____			



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College or Technical School	Address _____ City _____ State _____ Zip Code _____	Degree/Major	
Trade or Graduate School	Address _____ City _____ State _____ Zip Code _____	Degree/Major	

Employment History List present and past employment, beginning with the most recent. (Include military service.)

May we contact Present Employer? Yes No				
Dates	Employer	Duties	Pay Rate	Reason for leaving
Current/ Most Recent Job	Name _____ Address _____		Start \$ _____	
From:	City _____		Finish	
To:	State _____ Zip Code _____		\$ _____	
Telephone ()	Supervisor: Name and Title			
May we contact This Employer? Yes No				
Dates	Employer	Duties	Pay Rate	Reason for leaving
Current/ Most Recent Job	Name _____ Address _____		Start \$ _____	
From:	City _____		Finish	
To:	State _____ Zip Code _____		\$ _____	
Telephone ()	Supervisor: Name and Title			
May we contact This Employer? Yes No				
Dates	Employer	Duties	Pay Rate	Reason for leaving
Current/ Most Recent Job	Name _____ Address _____		Start \$ _____	
From:	City _____		Finish	
To:	State _____ Zip Code _____		\$ _____	
Telephone ()	Supervisor: Name and Title			

Professional License/Certification

Professional License/Certification _____	Date received _____
License/Certification # _____	License/certified in State of _____



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References Please list three people, who are not related to you and who are not previous supervisors, that you have known for at least one year, and whom we may contact as additional references.

Name _____	Home phone () _____	Business phone () _____	
Address _____	Years known _____	Socially _____	Professionally _____
Business Address _____			
City _____	State _____	Zip Code _____	Title _____

Name _____	Home phone () _____	Business phone () _____	
Address _____	Years known _____	Socially _____	Professionally _____
Business Address _____			
City _____	State _____	Zip Code _____	Title _____

Name _____	Home phone () _____	Business phone () _____	
Address _____	Years known _____	Socially _____	Professionally _____
Business Address _____			
City _____	State _____	Zip Code _____	Title _____

Employee Background

Have you ever been convicted of a felony, misdemeanor, or a law violation other than a minor traffic violation? Yes No

We are a drug and alcohol-free workplace. Have you been convicted of a drug-related crime?* Yes No

*Conviction will not automatically bar you from employment. The date, nature, and the relationship of the conviction to the position sought will be considered.

If yes, to either or both questions, please explain: _____

Please Read Carefully

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by Service System Associates (“the Company.”)

I authorize the Company to personally contact my former employers and references to obtain relevant information about my qualifications for employment. I hereby release and authorize my former employers and references to provide lawful information about me to the Company.

I understand that *nothing contained in this application, or conveyed during any interview which may be granted, is intended to create or does create an employment contract.* I further understand that if I am hired, my employment will be at-will, which means that it is for no definite period and may be terminated at any time, without cause or prior notice, at the option of either myself or the Company.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire me.

Applicant’s signature

Date