

## APPLICATION FOR EMPLOYMENT

5J Paintball, LLC provides equal employment opportunities in all aspects of the employer-employee relationship including; recruitment, hiring, promotion, corrective action and termination of employment to all employees without regard to race, creed, color, age, religion, sex, national origin or disability. All applicants are subject to a background check.

(Please print clearly and answer all questions)

**PERSONAL INFORMATION**

DATE OF APPLICATION: \_\_\_\_\_

Name:

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Last

First

Middle

Address:

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Street

(Apt)

City, State

Zip

Contact Information:

(     )

(     )

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Home Telephone

Mobile

Email

*How did you learn about our company?*

**POSITION SOUGHT:** \_\_\_\_\_

**Available Start Date:** \_\_\_\_\_

**Desired Pay Range:** \_\_\_\_\_

**Are you currently employed?** \_\_\_\_\_

**Do you desire:**     **Full-Time Only**     **Part-Time Only**     **Temporary**     **Summer**

Please indicate the earliest starting time and the latest finishing time you are available to work each day. Indicate A.M. and/or P.M.

Day		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End
9:00am	8:00pm														

**EDUCATION and FORMAL TRAINING**

	Name and Location	Years Completed	Degree Master or Total Hours
High School		9 10 11 12	
College or University		1 2 3 4	
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position

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**EMPLOYEEMENT HISTORY (Beginning with most recent)**

COMPANY NAME	PHONE	ADDRESS
TYPE OF BUSINESS	SUPERVISOR'S NAME	POSITION(S) HELD
DESCRIBE YOUR DUTIES	REASON FOR LEAVING	MAY WE CONTACT? (Please circle) YES                      NO
Starting Date:	Starting Salary:	Starting position:
Ending date:	Ending Salary:	Ending position:

COMPANY NAME	PHONE	ADDRESS
TYPE OF BUSINESS	SUPERVISOR'S NAME	POSITION(S) HELD
DESCRIBE YOUR DUTIES	REASON FOR LEAVING	MAY WE CONTACT? (Please circle) YES                      NO
Starting Date:	Starting Salary:	Starting position:
Ending date:	Ending Salary:	Ending position:

COMPANY NAME	PHONE	ADDRESS
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DESCRIBE YOUR DUTIES	REASON FOR LEAVING	MAY WE CONTACT? (Please circle) YES                      NO
Starting Date:	Starting Salary:	Starting position:
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