



**SERVICE SYSTEMS ASSOCIATES**  
**FOOD SERVICE AND MERCHANDISING FOR ZOOS AND AQUARIUMS**

**Employment Application**

Date of Application \_\_\_\_\_

Position Applied For:  
 (Check all that apply)

- Concessions (Food Stands)  
  Retail (Gift Shops)  
  Janitorial (Custodial)  
  Special Events (Catering)  
  Rides (Valid driver's license required) (Train/Carousel)

**Personal History**

Last name	First Name	(M.I.)	Social Security No.	
Current Home Address	Apt. #	City	State	Zip Code
Home Telephone # (     )	Business Telephone # (     )	If employed, can you verify that you are 18 yrs. of age or older? <input type="radio"/> YES <input type="radio"/> NO		If no, do you have a valid work permit? <input type="radio"/> YES <input type="radio"/> NO
Date available to start:		Days and Hours available		S   M   T   W   T   F   S   Hours _____
Are you either a United States citizen or an alien who has the right to work in the job for which you are applying? <input type="radio"/> Yes <input type="radio"/> No		Pursuant to the Immigration Reform and Control Act of 1986, if you are hired you must produce, within 72 hours, documents which are specified by the federal government, establishing your identity and authorization for employment in the United States.		

**Education** 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 _____		
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? <span style="margin-left: 100px;">Yes</span> <span style="margin-left: 100px;">No</span>				
Dates	Employer	Duties	Pay Rate	Reason for leaving
Current/ Most Recent Job  From:  To:	Name _____		Start	
	Address _____		\$ _____	
	City _____		Finish	
	State _____ Zip Code _____		\$ _____	
Telephone ( )		Supervisor: Name and Title		
May we contact This Employer? <span style="margin-left: 100px;">Yes</span> <span style="margin-left: 100px;">No</span>				
Dates	Employer	Duties	Pay Rate	Reason for leaving
Current/ Most Recent Job  From:  To:	Name _____		Start	
	Address _____		\$ _____	
	City _____		Finish	
	State _____ Zip Code _____		\$ _____	
Telephone ( )		Supervisor: Name and Title		
May we contact This Employer? <span style="margin-left: 100px;">Yes</span> <span style="margin-left: 100px;">No</span>				
Dates	Employer	Duties	Pay Rate	Reason for leaving
Current/ Most Recent Job  From:  To:	Name _____		Start	
	Address _____		\$ _____	
	City _____		Finish	
	State _____ Zip Code _____		\$ _____	
Telephone ( )		Supervisor: Name and Title		
May we contact This Employer? <span style="margin-left: 100px;">Yes</span> <span style="margin-left: 100px;">No</span>				
Dates	Employer	Duties	Pay Rate	Reason for leaving
Current/ Most Recent Job  From:  To:	Name _____		Start	
	Address _____		\$ _____	
	City _____		Finish	
	State _____ Zip Code _____		\$ _____	
Telephone ( )		Supervisor: Name and Title		

**Professional License/Certification**

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

**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 _____

**Please Read Carefully**

I understand that Service Systems Associates, Inc. is an at will employer and my employment can be terminated with or without cause and with or without notice at any time at the option of SSA or myself. If employed by SSA, I will abide by the policies, procedures, rules and regulations, and understand that they can be changed at any time. I understand that as an employee I am responsible for knowing the rules, regulations, policies and procedures of the organization.

I give authorization to contact any or all-previous employers, references, schools, law enforcement agencies, and all persons necessary to confirm my personal history, general reputation and character. All persons, corporations, law enforcement agencies and schools supplying such information will be released from all liability and damages whatsoever or using said information.

  

_____	_____
Applicant's signature	Date