

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	Date of Birth:		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

* In case of emergency contact:

GENERAL (name & phone number)

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				



SALERNO's

Windy City Amusements, Inc.



Tony and Ruth Salerno

Windy City Amusements Inc. Employment Agreement

In order to be eligible for employment, all carnival workers will be subject to criminal background checks consistent with the Illinois Uniform Conviction Information Act (UCIA) and a check of the National Sex Offender Registry through the Illinois State Police. In accordance with State requirement 430 ILCS 85 Section 2-20. By signing this form you authorize Windy City Amusements to run a criminal history records check through the Illinois State Police consistent with the Illinois Uniform Conviction Information Act (UCIA).

I, _____ acknowledge that the facts set forth on this application are true and complete. I understand that if I am hired, Windy City may require me to undergo a drug and/or alcohol test at any time during my employment as set forth in the Illinois 430 ILCS 85 Section 2-20 Substance Abuse Policy requirements. I agree to take such a test.

I am aware that random alcohol/drug testing will be administered at the discretion of the management staff of Windy City Amusements. Should I refuse to submit to the alcohol/drug test at the time of request, my employment will be terminated immediately.

By signing below I acknowledge that I have read all of the terms listed above and that I agree to these terms.

Applicant

Date

Windy City Amusements Management

Date