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EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY				
Hire Date:		PT	FT	
Pay Bate:		Dept:		

For	est Hill Lanes Is	an Equal Opportuni	ity Employe	r		Pay Rate:		Dept:	
	Last Name:	First			MI	Date:			
Р									
E	Address:					Home Phone:			
R	City, State, ZIP:					Cell Phone:			
S									
О	Have you ever been employed by u	yes	No			Are vou 17 vea	rs old or older? YE	S NO	
Ν	Month/Year: Position Applied for:	Location: When can you begin? Hours A	vailable:	Position:			<u> </u>		
Α	r coluent ppilod for:		Odii	Mon	Tue	Wed	Thur	Fri	Sat
L	Other Special Training or Skills (ma	abias asserting systems	Morning: ternoon:	+					
	certifications, etc.):	7.0	Evening:	+					
		I							
Е	Circle last grade com	inleted: High S	chool: 9 10	11 19	College	o: 1 2	3 4 5	6	
D	Olivie last grade COIII	piotod. High St	511001. <i>3</i> 10	11 12	College	. 1 4	5 4 5	U	
	Name and Location of	of High School:							
U	Course of Study:								
С									
Α	Name and Location of	of College:							
Т	Major:								
О	O Do you have a GED?								
Ν									
Cany	Can you perform all essential functions related to the position for which you are applying, with or without an accommodation? Yes: No: Yes, with an accommodation:								
II Carr	If an accommodation is necessary, how would you perform these tasks and with what accommodation?								
		DI	ERSONAL F	REFEREN	ICES				
PERSONAL REFERENCES (Not Former Employers or Relatives)									
	Name	Occupation		Addres	s		F	Phone Numbe	er
		PLEASE LIST ANY F	RIENDS OR RELA	TIVES WORKI	NG FOR THE	COMPANY	+		
	Name	Occupation		Addres				Phone Number	er
	g the last seven years, have you ever have been expunged. A conviction w	r been convicted of a crime? YES vill not necessarily disqualify any application):	NO	If YES, state the	crime and the date	of the conviction (Note: you may omit	information regardi	ng convictions

	EMPLOYMENT LUCTORY	Please give accurate, complete full-time and part-time employme
	EMPLOYMENT HISTORY	record. Start with current or most recent employer.
	Company Name:	Telephone:
ı	Address:	Employed (Mon/YY)
ı		From: To:
ı	Name of Supervisor:	Weekly Pay:
ı	·	
I	Job Title and Job Description:	Start: Last: Reason for Leaving:
I	The and bob Bookhalor.	Todoon of Loaning.
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	Company Name:	Telephone:
	Address:	Employed (Mon/YY)
		From: To:
	Name of Supervisor:	Weekly Pay:
		Start: Last:
	Job Title and Job Description:	Reason for Leaving:
	Company Name:	Telephone:
	Address:	Employed (Mon/YY)
		From: To:
	Name of Supervisor:	Weekly Pay:
		Start: Last:
	Job Title and Job Description:	Reason for Leaving:
	I authorize the investigation of all statements contained in this application. I understand that the misstatement tion will result in my immediate dismissal. Further, I understand and agree that my employment is "at will" at the date of payment of my wages and salary, be terminated at any time with or without cause or notice at the Furthermore, I understand that no officer, agent, representative or employee of Forest Hill Lanes has any at ment for any specified period of time or to make any agreement contrary to that contained in the previous deduct from my wages any amounts which may be due as a result of overpayment of wages, loss or destruction and lawfully owe Forest Hill Lanes, or for which I have received full consideration. In the event that I become comply with all rules and regulations and understand I may be terminated or disciplined for any violations.	and for no definite period and may, regardless of the option of either Forest Hill Lanes or myself. authority to enter into any agreement for employ- sentence. I also authorize Forest Hill Lanes to auction of its property, or any other amounts which
	Signature	_ Date
	UNDER MARYLAND LAW. AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMMENT, OR ANY EMPLOYEE, TO SUBMIT TO OR TO TAKE A POLYGRAPH, LIE DETECTOR OR SIMILA OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION JECT TO A FINE NOT TO EXCEED \$100.	R TEST OR EXAMINATION, AS A CONDITION
	Signature	_ Date
	Employment Application 10/15/08; 10/25/1	6
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