

# EMPLOYMENT APPLICATION

Please complete the entire application.

## 1. Employer Information

Employer: Code to Escape, Bentibor LLC  
 Address: 119 S Palmetto Avenue  
 City/State/ZIP: Daytona Beach, FL 32114  
 Telephone: 386 315 5098

It is the policy of Code To Escape to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

## 2. Applicant Information

Applicant Full Name:	
Home Address:	
City/State/ZIP:	
Number of years at this address:	
Daytime phone:	
Mobile phone:	
Social Security Number:	
Driver's License (State/Number):	

## 3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name:	
Relationship to you:	
Address:	
City/State/ZIP:	
Daytime phone:	
Evening phone:	

4. Job Position Applied For: Game Master

5. **Salary Desired:** \$ \_\_\_\_\_ per \_\_\_\_\_

6. **Who referred you to our company?**

\_\_\_\_\_

Do you have any friends or relatives who work here? If yes, please list here:

\_\_\_\_\_

7. **Have you applied to our company previously?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when? \_\_\_\_\_

8. **Are you at least 18 years old?** \_\_\_\_\_ Yes \_\_\_\_\_ No

9. **How will you get to work?** \_\_\_\_\_

10. **Are you willing to work any shift, including nights and weekends?**  
\_\_\_\_\_ Yes \_\_\_\_\_ No

11. **If applicable, are you available to work overtime?** \_\_\_\_\_ Yes \_\_\_\_\_ No

12. **If you are offered employment, when would you be available to begin work?**

\_\_\_\_\_

13. **If hired, are you able to submit proof that you are legally eligible for employment in the United States?** \_\_\_\_\_ Yes \_\_\_\_\_ No

14. **Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation?** \_\_\_\_\_ Yes \_\_\_\_\_ No

15. **Have you ever been convicted of a felony or misdemeanor?**  
\_\_\_\_\_ Yes \_\_\_\_\_ NO,

If Yes:

I was convicted of:	
When:	
Which city:	
State:	

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

### 16. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating 1 beginner..... 5 expert				
		1	2	3	4	5
Typing						
Answering telephones						
Customer service						
Basic Mathematics						
Computer/Software Use						
Handyman jobs/fixing thing						

**17. Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	

Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	

Employer Name:	
Supervisor Name:	

Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	

Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	

**18. Applicant's Education and Training**

College/University	Name	Address
Did you receive a degree?	YES	NO
If yes, degree(s) received:		

High School	Name	Address
Did you receive a degree?	YES	NO
GED:		

Other Training (graduate, technical, vocational):

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Please indicate any current professional licenses or certifications that you hold:

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Awards, Honors, Special Achievements:

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Military Service: \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

### 19. References

List any two non-relatives who would be willing to provide a reference for you.

Name:	
Address:	
City/State/ZIP:	
Telephone:	
Relationship:	

Name:	
Address:	
City/State/ZIP:	
Telephone:	
Relationship:	

**20. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:**

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_