

Mansfield Paintball

Employee Application

MANSFIELD PAINTBALL

Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Birthday M D Y	
Position Applied for			Desired Salary		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you have your CPR Certification?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have any medical conditions?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

PAINTBALL EXPERIENCE

How long have you been involved in paintball?

Have you refereed at any other paintball fields?

Where?

What fields have you played at?

Do you have any experience with high-pressure air cylinders used in paintball?

CASHIER EXPERIENCE

Have you ever worked as a cashier?

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
References			
Please list three		Relationship	
Full Name		Phone ()	
Company			
Address		Relationship	
Full Name		Phone ()	
Company			
Address		Relationship	
Address		Relationship	
Full Name		Phone ()	
Company			
Address		Relationship	

DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge. _____ Initial

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate termination. _____ Initial

Signature: _____ Date: _____

Mansfield Paintball Employee Photo Release

As an employee of Mansfield Paintball, I hereby consent to and authorize the use and reproduction, in print\or electronic format by Mansfield Paintball AdventurePark. Or any one authorized by Mansfield Paintball AdventurePark of any and all photographs which have been taken for any publicity purpose, without compensation. Mansfield Paintball owns all images, electronic, negatives and positives, together with the prints. I hereby acknowledge that I have read and understood the terms of this release.

Name _____ Date _____

Address _____

Date of Birth: _____

Signature

