



NAME: _____ PHONE #: _____

ADDRESS: _____ EMAIL: _____

SOCIAL SECURITY # ____ - ____ - _____ ARE YOU AT LEAST 18 YEARS OF AGE? YES ____ NO ____

CAN YOU PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES ____ NO ____

TOTAL NUMBER HOURS AVAILABLE TO WORK EACH WEEK = _____ DATE YOU COULD START: ____/____/____

DO YOU HAVE A VALID DRIVER'S LICENSE? DO YOU HAVE RELIABLE TRANSPORTATION? YES ____ NO ____

ARE YOU IN SCHOOL/COLLEGE? IF SO, WHAT YEAR/GRADE? _____

WEEKLY AVAILABILITY: PLEASE INDICATE BELOW THE HOURS/DAYS YOU ARE AVAILABLE TO WORK EACH WEEK:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:	FROM:	FROM:	FROM:	FROM:	FROM:	FROM:
TO:	TO:	TO:	TO:	TO:	TO:	TO:

WORK HISTORY: START WITH YOUR MOST RECENT JOB, LIST LAST 3 PLACES OF EMPLOYMENT:

COMPANY NAME	POSITION/JOB TITLE	DATES EMPLOYED	REASON FOR LEAVING

PLEASE PROVIDE INFORMATION FOR 3 REFERENCES WE ARE ABLE TO CONTACT

NAME	PHONE NUMBER	EMAIL ADDRESS	COMPANY NAME	JOB TITLE/POSITION

PLEASE ATTACH YOUR RESUME TO THIS APPLICATION

RATE YOURSELF: USING A SCALE FROM 1 TO 3 (1 = HIGHEST)

1	2	3	1	2	3	1	2	3	1	2	3
COMMUNICATION			DEPENDABILITY			ENERGY LEVEL			TEAMWORK		



ESCAPOLOGY OF TEWKSBURY IS AN EQUAL OPPORTUNITY EMPLOYER

IN COMPLIANCE WITH THE CIVIL RIGHTS ACT, THE POLICY OF THIS COMPANY PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, VETERAN STATUS, SEX, AGE OR PHYSICAL DISABILITY.

PLEASE INITIAL THE STATEMENTS BELOW TO VERIFY YOU HAVE READ/UNDERSTAND THEM:

_____ I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURAGE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY ACCOMPANYING/REQUIRED DOCUMENTATION) WILL RESULT IN DISQUALIFICATION FOR EMPLOYMENT, OR IMMEDIATE TERMINATION OF EMPLOYMENT REGARDLESS OF HOW OR WHEN DISCOVERED.

_____ I AUTHORIZE **ESCAPOLOGY OF TEWKSBURY** TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF INFORMATION PROVIDED HEREIN, AND ATTACHED, AND OTHER MATTERS RELATED THERETO AS MAY BE NECESSARY. I RELEASE **ESCAPOLOGY OF TEWKSBURY** AND ITS OFFICERS & EMPLOYEES FROM ALL LIABILITY IN CONNECTION WITH THESE ACTIONS. I RELEASE **ESCAPOLOGY OF TEWKSBURY** AND ITS OFFICERS, EMPLOYEES, REPRESENTATIVES, FRANCHISEES/LICENSEES, EMPLOYERS, SCHOOLS AND OTHER PERSONS, INSTITUTIONS OR BUSINESSES RESPONDING TO INVESTIGATIONS OR INQUIRIES. I RELEASE **ESCAPOLOGY OF TEWKSBURY** FROM ALL LIABILITY AND RESPONDING TO INQUIRIES IN CONNECTION WITH MY EMPLOYMENT APPLICATION.

_____ I UNDERSTAND THAT NOTHING IN THIS APPLICATION, OR IN ANY PRIOR OR SUBSEQUENT WRITTEN OR ORAL STATEMENT, CREATES A CONTRACT OF EMPLOYMENT OR ANY RIGHTS IN THE NATURE OF A CONTRACT. I AGREE AND UNDERSTAND THAT IF I AM HIRED BY **ESCAPOLOGY OF TEWKSBURY**, MY EMPLOYMENT WILL BE AT-WILL, FOR AN INDEFINITE PERIOD OF TIME. I UNDERSTAND THAT I MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE, AT THE OPTION OF **ESCAPOLOGY OF TEWKSBURY** OR MYSELF. I UNDERSTAND THAT I HAVE THE RIGHT TO END MY EMPLOYMENT AT ANY TIME AND THAT **ESCAPOLOGY OF TEWKSBURY** RETAINS THIS SAME RIGHT. I FURTHER UNDERSTAND AND AGREE THAT NOTHING IN THIS APPLICATION IS INTENDED AS, OR SHALL CONSTITUTE A CONTRACT OR GUARANTEE OF EMPLOYMENT.

COMING SOON
to Tewksbury, MA

SIGNATURE OF APPLICANT: _____ **DATE:** ____/____/17