APPLICATION FOR EMPLOYMENT



6 4 Fun LLC d/b/a The Amazing Pizza Machine

Date of Application:	
Location:	

This application will be kept on active file for 30 days. If you are not hired during that time period, but wish to continue to be considered for available positions, you must complete a new application.

WE TEST FOR DRUGS

THE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND BELIEVES STRONGLY IN THE PRINCIPLES OF NON-DISCRIMINATION. NO ACTION WILL BE TAKEN OR WITHHELD ON THE BASIS OF RACE, COLOR, RELIGION, SEX, DISABILITY, NATIONAL ORIGIN, AGE (40 or older), GENETIC INFORMATION, VETERAN'S STATUS, MARITAL STATUS, OR ANY OTHER LEGALLY RECOGNIZED PROTECTED BASIS UNDER FEDERAL, STATE, OR LOCAL LAWS, REGULATIONS, OR ORDINANCES.

APPLICANTS WITH DISABILITIES MAY BE ENTITLED TO REASONABLE ACCOMMODATION UNDER THE TERMS OF THE AMERICANS WITH DISABILITIES ACT. NEBRASKA FAIR EMPLOYMENT PRACTICE ACT. AND LOCAL LAWS. A REASONABLE ACCOMMODATION IS A CHANGE IN THE WAY THINGS ARE NORMALLY DONE WHICH ENSURE AN EQUAL EMPLOYMENT OPPORTUNITY WITHOUT IMPOSING UNDUE HARDSHIP ON THE COMPANY. PLEASE INFORM THE COMPANY'S REPRESENTATIVE IF YOU NEED ASSISTANCE COMPLETING ANY FORMS OR TO OTHERWISE PARTICIPATE IN THE APPLICATION PROCESS.

PLEASE READ CAREFULLY AND PRINT CLEARLY Name: Current Address: Telephone Number: **Email** Address: JOB INTEREST Type of Position Desired (Check All Applicable) - NOTE: You must be 18 or 19 or older to be considered for certain positions Management / Office **Hours Preference: Store Operations** ☐ Clerical/Para-Professional □ Arcade Host □ Cashier □ Dough Room (18+) ☐ Full Time Only ☐ Professional/Managerial (18+) ☐ Arcade Tech (18+) ☐ Pizza Table / Kitchen ☐ Costume Character ☐ Part Time Only □ Bookkeeping/Other ☐ Prep (18+) ☐ Part Time with ☐ Group Sales ☐ Dining Room Busser ☐ Manager / Supervisor (18+) ☐ Bartender (19+) ☐ Dish Room ☐ Ride Operator (18+) desire for full time ☐ Other___ □ Buffet Monitor □ Other What job position are you most interested in? How many hours per week would you prefer? How many days per week would you prefer to be scheduled? Most of our available job positions require working nights and weekends. Are you available nights and weekends? Yes AVAILABILITY TO WORK MONDAY **TUESDAY** WEDNESDAY THURSDAY **FRIDAY** SATURDAY **SUNDAY** Can start work at what time? Can work until what time?

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GENERAL INFORMATION

This Company requires all employees to be at least 16 years old. The Fair Labor Standards Act requires that employees be at least 18 years old to work in jobs declared hazardous by the Secretary of Labor. In addition, employees serving or selling alcoholic beverages in Nebraska must be at least 19 years of age.

Work Permit Number: Expiration Date: YES	am 16 or 17 years of age: am 18 years of age or older:	☐ YES ☐ YES	□ NO □ NO		I am 19 years of age or older:	□ YES □ NO
fiter examination of the job descriptions available to you, can you perform the specified job functions of the position for which ou are applying? YES	re you authorized to work in the	e United States?	•	□ YES	□ NO	
ave you previously been employed with this Company or any of its affiliates?	Work Permit Number:				Expiration Date:	
If YES, when? Location: Job: Was employment under a different name? PYES NO If YES, give name: Reason for leaving: ave you previously applied for a position with this company or any of its affiliates: PYES NO If YES, give date(s) A conviction record is not an automatic bar to employment. Each case will be considered with regard to factors such as age at time of offense, seriousness, nature of the violation, and rehabilitation. You are not required to disclosed a sealed juvenile record, which includes records of: An arrest, being taken into custody, a complaint, disposition of a case, diversion or adjudication of a criminal charge, or a sentence following conviction.	ou are applying?					
Was employment under a different name?	ve you previously been emplo	yed with this Co	mpany or an	y of its affiliat	res?	NO
Reason for leaving: NO If YES, give date(s) NO	If YES, when?			Location:	Job:	
A conviction record is not an automatic bar to employment. Each case will be considered with regard to factors such as age at time of offense, seriousness, nature of the violation, and rehabilitation. You are not required to disclosed a sealed juvenile record, which includes records of: An arrest, being taken into custody, a complaint, disposition of a case, diversion or adjudication of a criminal charge, or a sentence following conviction.	If YES, give name:	different name?	□ YI	ES 🗆 N	0	
age at time of offense, seriousness, nature of the violation, and rehabilitation. You are not required to disclosed a sealed juvenile record, which includes records of: An arrest, being taken into custody, a complaint, disposition of a case, diversion or adjudication of a criminal charge, or a sentence following conviction. ve you ever been convicted of a violation of law other than a minor traffic violation?		position with t	his company	or any of its a	affiliates: 🗆 YES 🗆 NO	
ve you ever been convicted of a violation of law other than a minor traffic violation? YES NO	age at time of offense, seri	ousness, nature	e of the violat	ion, and reha	bilitation.	
	a complaint, disposition of	a case, diversio	n or adjudica	tion of a crim	inal charge, or a sentence folllowing	conviction.
If YES, please explain:	ave you ever been convicted of	a violation of la	w other thar	ı a minor trafi	ric violation?	
	If YES, please explain:					

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	CORK	ENI & FUR	MER EMPLOYERS (Incl *** List in order, beginning w		i vacation Jobs)
	Applicant's Nam	e (Printed)		Date	
1	Employer			Starting Job Title:	
	Address			Final Job Title:	
	City/State/Zip			Why did you leave?	
	Telephone Number			_	
	Immediate Supervisor			May we contact supervisor for a re	eference?: YES NO ASK ME
	Dates Employed	From:	To:	_	
	Wages	Starting:	Ending:	Bonus: Starting	Ending:
	Summarize your prima	ry responsibilities and du	ıties		
	What were the things	you liked best about the	position?		
2	Employer			Charting Joh Title.	
_	Employer Address			Starting Job Title: Final Job Title:	
	City/State/Zip			Why did you leave?	
	Telephone Number				
	Immediate Supervisor			May we contact supervisor for a re	eference?: YES NO ASK ME
	Dates Employed	From:	To:		
	Wages	Starting:	Ending:	Bonus: Starting	Ending:
	Summarize your prima	ry responsibilities and du	ities		
	What were the things	you liked best about the	position?		
3	Employer			Starting Job Title:	
	Address			Final Job Title:	
	City/State/Zip			Why did you leave?	
	Telephone Number				
	Immediate Supervisor			May we contact supervisor for a re	eference?: YES NO ASK ME
	Dates Employed	From:	To:		
	Wages	Starting:	Ending:	Bonus: Starting	Ending:
	Summarize your prima	ry responsibilities and du	ıties		
	What were the things	you liked best about the	position?		

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REFERENCES

List below individuals who are well acquainted with your skills. DO NOT list relatives, former employees, or former supervisors.

	Name	Title	Relationship to You	Address	Telephone Number	
1						
2						
3						

CONSENT TO PROVIDE EMPLOYMENT HISTORY TO PROSPECTIVE EMPLOYER

NEBRASKA REV. STATUTE 48-201 GOVERNS THE SPECIFIC AUTHORIZATIONS/PERMISSIONS/LIMITATIONS OF THIS CONSENT.

I HEREBY GIVE CONSENT TO ANY AND ALL EMPLOYERS OF MINE TO PROVIDE INFORMATION WITH REGARD TO MY EMPLOYMENT WITH MY PRIOR EMPLOYERS TO THE COMPANY. THIS CONSENT IS VALID FOR SIX MONTHS FROM THE DATE OF MY SIGNATURE BELOW. I CONSENT TO THE DISCLOSURE OF THE FOLLOWING INFORMATION ABOUT ME BY ANY AND ALL OF MY PRIOR EMPLOYERS:

- 1 DATE AND DURATION OF EMPLOYMENT:
- 2 PAY RATE AND WAGE HISTORY ON THE DATE OF RECEIPT OF THIS WRITTEN CONSENT:
- 3 JOB DESCRIPTIONS AND DUTIES:
- 4 THE MOST RECENT WRITTEN PERFORMANCE EVALTUATION PREPARED PRIOR TO THE DATE OF THE REQUEST FOR INFORMATION AND PROVIDED TO ME DURING THE COURSE OF MY EMPLOYMENT;
- 5 ATTENDANCE INFORMATION:
- 6 RESULTS OF DRUG OR ALCOHOL TESTS ADMINISTERED WITHIN ONE YEAR PRIOR TO THE REQUEST FOR INFORMATION:
- 7 THREATS OF VIOLENCE, HARASSING ACTS, OR THREATENING BEHAVIOR RELATED TO THE WORKPLACE OR DIRECTED AT ANOTHER EMPLOYEE;
- 8 WHETHER I WAS VOLUNTARILY OR INVOLUNTARILY SEPARATED FROM EMPLOYMENT AND THE REASONS FOR SEPARATION; AND
- 9 WHETHER I AM ELIGIBLE FOR REHIRE.

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true, to the best of my knowledge, and I understand that any misrepresentation or willful omission of facts may result in rejection of my application or termination of my employment.

I hereby authorize the Company to deduct, withhold, or divert from my wages any amounts necessary to offset any damages caused by me or the value of any property or money entrusted to me or owed by me to the Company during the course of my employment with the Company, provided that it does not cause me to receive less than the minimum hourly wage required by state and federal laws.

I agree that I will settle any and all previously unasserted claims, disputes, or controversies arising out of our relating to my application for candidacy for employment, employment, and/or cessation of employment with the Company by final and binding arbitration before a neutral arbitrator. By way of example only, such claims include claims under federal, state, and local statutor or common law, such as Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the Amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the Law of Contract, and the Law of Tort.

I hereby certify that, if employed, I will report to my manager or other member of management if I am ever harassed by by somone in the Company or if I ever become aware of any unethical behavior by any employee of the Company.

I expressly understand and agree that if employed, my employment (having no specified term), is "at will" and thus is based upon mutual consent and may be terminated at will, with or without cause, by either party (Company or me) without prior notice to the other. I understand that if I want to leave in good standing, I must provide two weeks notice to my supervisor before terminating my employment.

Date	Applicant's Signature
WE TEST FOR DRUGS	Applicant's Printed Name

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