

ROSEWOOD ENTERTAINMENT FRISCO, LP D/B/A STRIKZ ENTERTAINMENT **EMPLOYMENT APPLICATION**

Date:		Em	nail:			
PERSONAL INFOR	MATION:					
ame:		Maiden	_ Maiden Name			
treet Address:		Phone:				
ity/State/Zip:				SSN;		
ate You Can Start	F	Position Desired				
] Full Time ☐ Part re You Employed _	Time Salary Desire		é			
trikz promotes a full garettes?		ment, as such we do no	t employ candidates	s whom smoke o	cigarettes, do you	smoke
ou will be required f	o lift up to 40lbs, are	you able to lift 40lbs?] Yes □ No			
		ed with a felony or misde ged, jurisdiction and disp		☐ No If yes, ple	ease explain detail	s in full,
ncluding dates, detai	ils of offense(s) charg		osition of case:			
cluding dates, deta	ils of offense(s) charg	ed, jurisdiction and dispe	osition of case:			
cluding dates, deta	ils of offense(s) charg	ed, jurisdiction and dispe	osition of case:			
cluding dates, deta	ils of offense(s) charge	ed, jurisdiction and dispose	osition of case:			
lease list your we	ils of offense(s) charge	ed, jurisdiction and dispose	osition of case:			
duding dates, deta	ils of offense(s) charge	Wednesday	osition of case:			
cluding dates, deta	ekly availability: Tuesday e Attended (or curr	Wednesday	Thursday	Friday # Years	Saturday Year Grad	Sunday
lease list your we Monday DUCATION:	ekly availability: Tuesday e Attended (or curr	Wednesday Tently attending)	Thursday	Friday # Years	Saturday Year Grad	Sunday

	with your present or most recent position. Include ivities. Exclude organization names that indicate race,
Employer:	
Job Title:	Supervisor:
Street Address:	
City/State/Zip:	Phone:
Describe Duties/Responsibilities/Accomplishme	ents:
Reason for Leaving:	
Dates of Employment (Month/Year): From	To
Job Title:	Supervisor:
Street Address:	
City/State/Zip:	Phone:
Describe Duties/Responsibilities/Accomplishme	ents:
D () .	
Dates of Employment (Month/Year): From	To
Employer:	
	Supervisor:
Street Address:	
City/State/Zip:	Phone:
Describe Duties/Responsibilities/Accomplishme	ents:
Reason for Leaving:	
Reason for Leaving: Dates of Employment (Month/Year): From	To
how long known for 3 personal references.	ames, addresses, phone numbers, relationship and
Polationshin:	
Street Address:	
How long.	
How long:	Phone:
Oity/Otate/Zip	1 Hone
Name:	
Relationship:	
Street Address:	
How long:	
City/State/Zip:	Phone:

Names	
Name:Relationship:	
Street Address:	
How long:	
City/State/Zip:	Phone:
SPECIAL SKILLS: Describe any special skills or qualifications for this w	vork:
I CERTIFY that the above answers are true and complete to the best of investigate any statement contained in this application. I understand the contract and/or agreement. In the event of employment, I understand the application, correspondence, discussions or interview may result in imprequired to abide by all rules, regulations and policies of Strikz Entertains	at this application is not intended to be any kind of at any false or misleading information given in my mediate termination. I also understand that I am
Signed:	
Date:	
FOR STRIKZ ENTERTAINMENT USE ONLY: Arrange Interview: Yes No Date: Remarks:	Place:
Approved: Yes No Date:	
By:	T.
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ROSEWOOD ENTERTAINMENT FRISCO, LP D/B/A Strikz Entertainment

AGREEMENT BY APPLICATION

All information and answers to questions are true and correct to the best of my knowledge and belief. Inconsideration for possible employment, I understand that Strikz

Entertainment may conduct or authorize another to conduct an investigation into my credit history and personal background. I have been informed that should such investigation be undertaken, I am entitled upon request, to receive a copy of any investigative report file as a result. I request my former employers and their representatives to release all information in their possession which strikz entertainment may deem relevant to my application for employment. In exchange for consideration of my application, I also agree to release and hold harmless any former employer, employer representative, or others from liability which he or she may incur in connection with the release of such information.

I agree to submit, upon Strikz Entertainment's request, to a pre-employment physical and medical examination by a physician or physicians designated by Strikz Entertainment at its expense, and also to submit to further physical and mental examinations and testing as Strikz Entertainment shall require as a condition of my continued employment. I realize that my employment or continued employment may be conditioned upon the results of such examinations and my willingness to participate in such examinations freely. Strikz Entertainment will attempt to keep all matters regarding such examinations confidential: however, I agree that Strikz Entertainment may disclose to its employees, managers, agents, and others, as it deems necessary, the information gathered during any such examination or test.

I also understand that unless sometime in the future I enter into a specific written employment

contract with Strikz Entertainment, that the employment relationship between Strikz Entertainment						
and me is freely terminable at the will of wither party for any lawful reason. If employed, I agree to						
acquaint myself with and to abide by all rules and policies established by Strikz Entertainment. I						
authorize Strikz Entertainment to release to other prospective employers or third parties any						
information regarding my employment or obtained pursuant to my employment relationship, and I						
hereby release, acquit, and to hold harmless from any resulting liability and covenant not to sue Strik	Z					
Entertainment in connection with releasing such information.						
I understand this application will be given active consideration for only 60 calendar days. I have read and I understand the forgoing and accepts its terms and conditions.						
Date Signature of Applicant						