



Ion International Training Center

Application for Employment

Date: _____

Applicant Information

Full Name: _____ Age: _____
Last First M.I.

Address: _____
Street Address Apartment / Unit Number

Address: _____
City State Zip Code

Email: _____ Phone: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the United States? Yes No

Have you ever worked for Ion ITC? Yes No Do you have a drivers license? Yes No

Have you ever been convicted of a felony? Yes No Do you have a reliable means of transportation? Yes No

If yes, please explain: _____

Date Available: _____ Desired Pay Rate: _____ Desired Weekly Hours: _____

What days and times are you available to work?

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which department are you applying to? If interested in multiple, please rank your top 3 areas of interest:

- | | |
|------------------------------------|----------------------------|
| _____ Hockey | _____ Fitness Center |
| _____ Figure Skating | _____ Facilities |
| _____ Restaurant | _____ Management |
| _____ Events (including birthdays) | _____ Summer Camp(s) |
| _____ Skate Guard/Monitor | _____ After School Program |
| _____ Front Desk | _____ Curling |
| _____ Pro Shop | _____ Other: _____ |

Education

High School _____ Did you graduate? Yes No When? _____

College _____ Did you graduate? Yes No When? _____

Other _____ Did you graduate? Yes No When? _____



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References

Please list three personal references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Previous Employment

Company: _____ From: _____ To: _____

Supervisor: _____ Supervisor Phone/Email: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ From: _____ To: _____

Supervisor: _____ Supervisor Phone/Email: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ From: _____ To: _____

Supervisor: _____ Supervisor Phone/Email: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____