



## APPLICATION INSTRUCTIONS

- **PLEASE FILL OUT ALL INFORMATION COMPLETELY**

- **INCOMPLETE APPLICATIONS WILL BE PASSED OVER**
- YOU MUST CIRCLE WHICH LOCATION YOU ARE APPLYING FOR AND IF YOU FAIL TO DO SO, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE

- **OPTIONS TO SUBMIT YOUR APPLICATION:**

- SUBMIT BY EMAIL TO [INFO@KATESONLINE.COM](mailto:INFO@KATESONLINE.COM) AND IN THE SUBJECT LINE NOTATE WHICH LOCATION YOU ARE APPLYING FOR
  - EXAMPLE: "LOWELL APPLICATION FOR EMPLOYMENT"
- RETURN IN PERSON
  - TAKE THE COMPLETED APPLICATION TO THE RINK YOU WISH TO SUBMIT IT TO.

**PLEASE DO NOT GO ANY FURTHER WITH THIS APPLICATION IF:**

- YOU CAN'T BE ANYWHERE ON TIME OR EARLY
- IF YOU THINK THAT A DRESS CODE DOESN'T APPLY TO YOU
- IF YOU CAN'T TAKE DIRECTION
- IF YOU CAN'T SMILE
- IF YOU DON'T LIKE TO WORK AND HAVE FUN AT THE SAME TIME
- IF YOUR PARENTS ARE MAKING YOU APPLY
- IF YOU CAN'T WORK WITHOUT YOUR CELL PHONE ON YOU
- IF YOU DON'T LIKE TO WORK AND LISTEN TO MUSIC
- IF YOU DON'T HAVE PANTS WITHOUT HOLES IN THEM

IF NONE OF THESE APPLY TO YOU..... LET'S ROLL!

THANK YOU,

KATE'S OWNERSHIP

**LOCATION APPLYING FOR:**

**INDIAN TRAIL**

**GASTONIA**

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Current Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is the best way to contact you?

☐ Text ☐ Email ☐ Call

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

☐ Yes ☐ No

Have you ever worked or attended school under another name? If so, under what name?

\_\_\_\_\_

---

## Availability

Start date available: \_\_\_\_\_ Mode of Transportation: \_\_\_\_\_

Do you prefer: ☐ Full-time ☐ Part-time If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

Days of week you are available to work: \_\_\_\_\_

Are you able to work: ☐ Weekends

☐ Holidays

☐ Nights

☐ Overtime

Do you have a criminal record or are you currently on probation? ☐ Yes ☐ No

If Yes, explain. \_\_\_\_\_

Have you previously worked for Kate's Skating Rinks ☐ Yes ☐ No

Dates of employment with Kate's: from \_\_\_\_\_ to \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Former supervisor(s) at this company: \_\_\_\_\_

Why did you come to Kate's to apply for employment?

---

---

---

Do you know any current employee(s)? If so, who and relation to that employee.

---

## Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

## Skills

Can you skate? ☐ Yes ☐ No

Can you smile when you are mad? ☐ Yes ☐ No

Have you ever dealt with kids in any environment? If yes, explain. ☐ Yes ☐ No

---

---

How do you feel about talking in front of large crowds? \_\_\_\_\_

Give us 2 Positives and 2 Negatives about yourself:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Are you experienced in using personal computers? ☐ Yes ☐ No ☐ PC ☐ Mac

Are you able to articulate any other skills to set yourself apart from others? Why should we hire you?

---

---

---

## Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

## References

Identify three persons who know YOU and how you work, beginning with the most recent.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

---

## Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date