



## APPLICATION FOR EMPLOYMENT

The Steel Ice Center is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of actual or perceived age, sex, sexual orientation, race, color, creed, religion, familial status, ethnicity, national origin, or citizenship, disability, marital status, military or veteran status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. Applicants with a disability may be entitled to reasonable accommodation under terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Steel Ice Center. Please inform a Company representative if you need assistance completing any forms or otherwise participate in the application process. This Application will remain active for 90 days, after 90 days, you must reapply or ask the GM to reactivate this Application for further consideration.

DATE \_\_\_\_\_

PLEASE PRINT CLEARLY  
(USE PEN ONLY)

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### PERSONAL DATA

NAME \_\_\_\_\_  
last first middle initial

ADDRESS \_\_\_\_\_  
street city state zip

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY # -----/ \_\_\_\_\_ (only the last 4)  
area code number

Email \_\_\_\_\_.

Are you under the age of 18? YES  NO  If yes, please state your age \_\_\_\_\_

Are you legally authorized to work in the United States? YES  NO   
(If hired, verification will be required consistent with federal law)

Have you ever been convicted of a felony which has not been expunged or sealed by a court? YES  NO RECORD

You should answer "no record" if a conviction has been sealed or expunged or otherwise statutorily eradicated. If you checked "yes", please explain below. If more space is required, please use separate sheet. **A criminal conviction will not necessarily be a bar to employment.** To help us evaluate your Application, please describe the nature of the crime and your subsequent rehabilitation in detail with dates, locations and current status: (use a blank page if necessary)

. How were you referred to us? Advertisement  SIC employee  Walked in  School  Employment Agency  State Employment Office  Other  (specify here)- \_\_\_\_\_

## EMPLOYMENT AVAILABILITY

. Position(s) applying for \_\_\_\_\_ Date you can start \_\_\_\_\_ month/day/year

. Wages desired? \$ \_\_\_\_\_ per hour or \$ \_\_\_\_\_ per week

. Do you have reliable transportation: Yes \_\_\_\_\_ No \_\_\_\_\_

. We are a 7-day-a week business with emphasis on nights and weekends. Please indicate your availability below:

Full Time  Part Time  (How many hours? \_\_\_\_\_)

Days  Evenings  Nights  Weekends

. Put the specific hours (From/To) you are available for work in the boxes below. (Leave the box empty if you are not available at all that day and write "A" under any day you are "available" all that day without any scheduling restrictions.)

	SUN	MON	TUE	WED	THU	FRI	SAT
From (AM/PM)							
To (AM/PM)							

## EDUCATION

Name and location of school	Circle Highest year completed	Graduated	Degree Conferred Yes or No	Major / Field of Study
High School or GED NAME: ADDRESS:	9 10 11 12	YES <input type="checkbox"/> NO <input type="checkbox"/>		
College or University NAME: ADDRESS:	FR SO JR SR	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other (Specify) NAME: ADDRESS:	1 2 3 4	YES <input type="checkbox"/> NO <input type="checkbox"/>		

. Are you now enrolled? YES  NO  If yes, name and location of school \_\_\_\_\_

. Availability during school vacations: FULL  PART  NONE

. Other education, training, skills or hobbies relevant to this employment consideration request: \_\_\_\_\_

## REFERENCES

List two professional references you have worked with/for and who are familiar with your work (exclude relatives)

Full Name (not related to you)	Full Name (not related to you)
Address Street City State Zip	Address Street City State Zip
Phone Occupation	Phone Occupation

How acquainted and for how long?	How acquainted and for how long?
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### Work / Military Experience

\*Beginning with the most recent employment, list the last four employers (including military service) or cover at least a seven year period, whichever is longer. Use separate sheet if necessary.

Current or Most Recent Employer	Phone # ( )	From	To
Street		Mo.	Yr.
City	State Zip	Starting	Ending
Job Title and Duties		Supervisor's Name	
Reason(s) for Leaving			
*Previous Employer	Phone # ( )	From	To
Street		Mo.	Yr.
City	State Zip	Starting	Ending
Job Title and Duties		Supervisor's Name	
Reason for leaving			
*Previous Employer	Phone # ( )	From	To
Street		Mo.	Yr.
City	State Zip	Starting	Ending
Job Title and Duties		Supervisor's Name	
Reason for Leaving			
*Previous Employer	Phone # ( )	From	To
Street		Mo.	Yr.
City	State Zip	Starting	Ending
Job Title and Duties		Supervisor's Name	
Reason for Leaving			
*Previous Employer	Phone # ( )	From	To
Street		Mo.	Yr.
City	State Zip	Starting	Ending
Job Title and Duties		Supervisor's Name	
Reason for Leaving			

❖ **ALL EMPLOYMENT INFORMATION ABOVE MUST BE COMPLETED IN FULL FOR YOUR APPLICATION TO BE CONSIDERED.**

• **In the past seven years have you ever been discharged, suspended or asked to resign by an employer?**  
 YES ☐ NO ☐ If yes, give employer name, location, date of action and reason(s): \_\_\_\_\_

• **Have you ever worked for us?** YES ☐ NO ☐ If yes and not included above, give dates employed, position, any other name used and reason for leaving \_\_\_\_\_

• **May we contact your present employer at this time for a reference?** YES ☐ NO ☐

• **For the purpose of verifying information on the Application, have you ever worked or attended school under a different name at any of the organizations you have listed?** YES ☐ NO ☐ If yes, specify name here: \_\_\_\_\_

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**READ CAREFULLY AND SIGN**

**PLEASE READ THESE STATEMENTS OVER CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING AT THE BOTTOM**

- I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment . \_\_\_\_\_ Initials Here
- I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work. \_\_\_\_\_ Initial Here
- I hereby certify that the information given by me is true in all respects, I authorize SIC and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this Application to provide any information or transcripts requested. \_\_\_\_\_ Initials Here
- I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law. \_\_\_\_\_ Initials Here
- I understand that no representation, whether oral or written, by any representative or agent of SIC, at any time, can constitute an implied or expressed contract of employment. I further understand no representative of SIC has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the GM or his/her authorized representative(s). \_\_\_\_\_ Initials Here
- I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery. \_\_\_\_\_ Initials Here
- Note: An offer of employment is conditioned upon complying with SIC requirements including, but not limited to signing a Consent to Conduct an Investigation. \_\_\_\_\_ Initials Here
- I agree to comply with all company policies and procedures, and with all rules and regulations made known at the time of employment or any other time thereafter, and to perform all duties assigned to me to the best of my ability. \_\_\_\_\_ Initials Here
- MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Complete and Return This Two Page Application To:                      Steel Ice Center  
320 E. 1<sup>st</sup> Street  
Bethlehem, PA 18015