



APPLICATION FOR EMPLOYMENT

Mike's Bike Park LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please complete all of the sections below:

APPLICANT INFORMATION

Applicant Name: _____
Date of Birth: _____ Current Age: _____
Address: _____
City, State, Zip _____
Telephone _____
Email _____

Date of Application _____

EMPLOYMENT POSITION

Position(s) applying for: _____

How did you hear about this position? _____
Desired starting date? _____

PERSONAL INFORMATION

Are you a U.S. citizen or approved to work in the United States? Yes No

What documentation can you provide as proof of citizenship or legal status?

JOB SKILLS/QUALIFICATIONS

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Mike's Bike Park LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

EDUCATION AND TRAINING

<i>High School:</i>	<i>Location</i>	<i>Year Graduated</i>	<i>Degree Earned</i>
<i>College/University:</i>	<i>Location</i>	<i>Year Graduated</i>	<i>Degree Earned</i>
<i>Vocational/Special:</i>	<i>Location</i>	<i>Year Graduated</i>	<i>Degree Earned</i>
<i>Military:</i>	<i>Branch</i>	<i>Years Served</i>	<i>Rank when discharged</i>

PREVIOUS EMPLOYMENT

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City,State, Zip: _____
Employer Telephone: _____
Dates Employed: _____
Reason for Leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City,State, Zip: _____
Employer Telephone: _____
Dates Employed: _____
Reason for Leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City,State, Zip: _____
Employer Telephone: _____
Dates Employed: _____
Reason for Leaving: _____

SIGNATURE

Applicant Signature

Date