



Employment Application

Escape Room Adventures WNY LLC is an equal opportunity employer. NYS Law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.

1. Basic Information

First Name: _____ Last Name: _____

Date of Birth: Month ____/Day ____/Year ____ SSN Last 4 Digits XX-XX-_____

Current Mailing Address _____

City _____ State _____ Zip Code _____

Email: _____ Phone Number (____) _____ - _____

List any other names by which you have been known (if any)

2. Ability to Work

All candidates must be eligible for employment in the United States and maintain this eligibility throughout their employment with Escape Room Adventures. Employment is contingent upon the provision of proof of the right to accept employment in the United States.

- a. Are you legally authorized to work in the United States? Yes ___ No ___
- b. Will you now, or in the future, require sponsorship for employment visa status? Yes ___ No ___
- c. If under age 18, can you provide a work permit? Yes ___ No ___ N/A ___

If offered a position, when would you be able to star work? _____

3. Past Experience

Education - Please provide information from High School and Later

School Name	City	Graduated – Yes/No	Degree

Employment – Starting with most recent, list any work applicable work experience.

Company Name	Dates Working	Job/Positon	Duties	Reason for Leaving

What hours are you available for work?

Thursday	Friday	Saturday	Sunday

If hired, are you able to provide yourself with reliable transportation to and from work? Yes____ No____

List below any other reasons you are a good candidate for work at an escape room?

Why do you want to work at our escape room?

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law. I hereby authorize any former or current employer, military records center, or school to provide the New York State Department of Civil Service and/or the hiring authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature: _____ Date: _____