APPLICATION FOR EMPLOYMENT

Gamepod Combat Zone, Inc. is An Equal Opportunity Employer. Reasonable accommodation will be provided under the U.S. Americans with Disabilities Act, as amended, or the California Fair Employment and Housing Act.

Last Nan	ne	First Nan		e Middle Initial			Social Security Number:				
Street Ac	Street Address City/State			Zip Code				Phone Number:			
If hired, can you provide evidence of legal eligibility to work in the U.S.?					a	Any offer of employment is conditioned upon completing USCIS Form I-9 and providing the appropriate documents for identity and work authorization.					
Position Desired: Wage/Sala				ry Desired: Full Time? Part Time?							
possessi statutori own rec otherwise o completed; arrests are	on of a weap ly eradicated ognizance po- lischarged and the and any information	oon, or ac , or do you ending tri e case has be ation regardi se-by-case b	t of dou had al?en juding referance	a felony, or a ishonesty for we such a case (Exclude recially dismissed; an erral to, or participal each position and a conal sheets to elaborate	which pends misdement y arrest ntion in, are not a	the receing for eanors for which a pretriautomatica	ord has not which you which probati a pretrial diver- l or postrial div lly disqualifying	been seare out on was su sion progra version pro	aled, expon bail occessfully am has been begram. Co	punged, or or on your completed or n successfully envictions and	
•		-		terminated, or		_					
				years of age or older?			If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by California or federal law, and provide the name(s) and address(es) of your parent(s) or guardian(s).				
Name of high school attended:				City & State			Graduate?	GE	D?		
Name of college or technical school			ol:	City & State		(Graduate?	Degree? Majo		Major:	
Are you presently enrolled in school? If yes, give name & address of school and expected degree date:								date:			
List any	job-related ski	lls or acco	mplish	nments, includin	g those	e acquire	ed during mil	itary ser	vice:		
		ı		- Your Availab						T	
-	Monday	Tuesday		Wednesday	Thur	sday	Friday	Sati	ırday	Sunday	
From:											
To:									.11 1	10	
Total hours per week you are available to work: Do you have any special requests or needs for a work schedule?									uie?		
- Provide Three References Who Are Not Former Employers Who We May Contact - Name and Occupation How do you know them, and for how long? Phone N											
Name an	d Occupation		How	ao you know th	em, ar	a tor ho	ow long?		Phone	Number	

Your Employment History
List names of employers with present or last employer listed first.

May we contact current employers before you are o	offered a position?							
Name of Employer:	Job Title:							
•	Duties:							
Address:	Dates of Employment:							
	From:	To:						
City, State, Zip Code	Hourly pay or salary:							
,	Starting pay:	Ending pay:						
Supervisor:	Reason for Leaving:							
Telephone:								
Name of Employer:	Job Title:							
	Duties:							
Address:	Dates of Employment:							
Tidatess.	From:	To:						
City, State, Zip Code	Hourly pay or salary:	10.						
City, State, Zip Code	Starting pay:	Ending pay:						
Supervisor:	Reason for Leaving:	Ending pay.						
Telephone:	Reason for Leaving.							
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Name of Employer:	Job Title:							
	Duties:							
Address:	Dates of Employment:	_						
	From:	To:						
City, State, Zip Code	Hourly pay or salary:							
	Starting pay:	Ending pay:						
Supervisor:	Reason for Leaving:							
Telephone:								
CAREFULLY READ EACH STATEM	IENT BEFORE SIGNIN	NG AT THE BOTTOM						
I certify that all of the information provided in this employment application is true and complete to the best of								
my knowledge, and I authorize investigation of all statements contained in this application, including a								
criminal background and credit history check. I								
disqualify me from further consideration for employment and may result in my immediate discharge if								
discovered at a later date.								
I understand and acknowledge that unless otherwise defined by applicable law or written agreement with								
Gamepod Combat Zone, Inc. any employment relationship with Gamepod Combat Zone, Inc., will be								
"employment at will." This means that I may resign at any time and you, the Employer, may discharge me at								
any time, with or without cause, and with or without advance notice.								
I authorize the investigation of any or all statements contained in this application and also authorize any								
person, school, current employer, past employers, and other organizations to provide information concerning								
my previous employment and other relevant information that may be useful in making a hiring decision. I								
release such persons and organizations from any legal liability in making such statements.								
	-							
I have read, understand, and agree to the above statements.								
Signature:		Date:						