



Visitor Services for Cultural Attractions

**Application for Employment**

**Date of Application** \_\_\_\_\_

Please complete all sections. Incomplete applications will not be considered.

**Position's applied for:**  
(Check all that apply)

**We run E-Verify background checks where required by Law**

- Food Operations  
  Retail  
  Custodial  
  Catering  
  Rides (Valid driver's license required)

Have you applied for employment with SSA before? Yes, _____ No _____ if yes, date:	
Have you previously worked with SSA? Yes _____ No _____ If yes, when?	
Position held:	Reason for leaving:
Do you know anyone currently working for Service System Associates, Inc.? Yes, _____ No _____	
If yes, who and how:	
How did you hear about the position? _____	

**Personal Information (Please Print)**

Last name		First Name		(M.I.)							
Current Home Address		Apt. #	City	State	Zip Code						
Contact Phone # (      )	Email Address		If employed, can you verify that you are 18 yrs. of age or older? Yes _____ No _____		If no, do you have a valid work permit? Yes _____ No _____						
Date available to start:		Days and Hours Available		S	M	T	W	T	F	S	Hours _____
Are you legally eligible for employment in the United States? (Proof will be required if hired.)		Yes,		No _____							

**Educational Background** List highest level of education acquired.

GED:	Yes, _____	No _____	Date received	Name and Address of Site
School name	School address		# of years attended	Graduate?
High School	Address _____ City _____ State _____ Zip Code _____			

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College or Technical School	Address _____ City _____ State _____ Zip Code _____		
Trade or Graduate School	Address _____ City _____ State _____ Zip Code _____		

**Employment History** List present and past employment, beginning with the most recent. (Include military service.)

May we contact Present Employer? Yes, No			
Dates	Employer	Duties	Reason for leaving
Current/ Most Recent Job	Name _____ Address _____ From: City _____ To: State _____ Zip Code _____		
Telephone ( )	Supervisor: Name and Title		
May we contact This Employer? Yes, No			
Dates	Employer	Duties	Reason for leaving
Current/ Most Recent Job	Name _____ Address _____ From: City _____ To: State _____ Zip Code _____		
Telephone ( )	Supervisor: Name and Title		
May we contact This Employer? Yes, No			
Dates	Employer	Duties	Reason for leaving
Current/ Most Recent Job	Name _____ Address _____ From: City _____ To: State _____ Zip Code _____		
Telephone ( )	Supervisor: Name and Title		

**Professional License/Certification**

Professional License/Certification _____	Date received _____
License/Certification # _____	License/certified in State of _____

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

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