

STUDENT SUMMER EMPLOYMENT APPLICATION

STUDENT INFORMATION:

SOCIAL SECURITY # (REQUIRED) _____ DATE OF BIRTH _____
NAME: _____ ADDRESS _____ APT# OR BOX _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____
BEST PHONE # TO REACH YOU AT: _____ (CELL HOME If cell #, is it ok to text you if necessary? _____

AVAILABILITY: WE WILL CONTACT YOU WITH DATES FOR JULY, AUGUST, SEPTEMBER (SATURDAYS & SUNDAYS, EXCLUDING HOLIDAYS)

NOTE ANY WEEKENDS YOU ARE NOT AVAILABLE: _____

HOW DID YOU HEAR OF THE JOB? _____

SCHOOL YOU MOST RECENTLY ATTENDED:

NAME: _____ LOCATION _____ PHONE _____
LAST GRADE COMPLETED: _____ GRADE POINT AVERAGE: _____ GRADUATED: ___ YES ___ NO NOW ENROLLED? ___ YES ___ NO
SPORTS OR ACTIVITIES: _____

TWO MOST RECENT JOBS: (if not applicable, work performed on a voluntary basis or personal interests)

COMPANY: _____ LOCATION _____
PHONE _____ JOB _____ SUPERVISOR _____ HOURLY PAY: _____
DATES WORKED FROM: _____ TO _____ REASON FOR LEAVING _____

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DATES WORKED FROM: _____ TO _____ REASON FOR LEAVING _____

DURING THE PAST 3 YEARS, HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? ___ YES ___ NO

IF YES, DESCRIBE IN FULL: _____

* A conviction will not necessarily bar you from employment.

1. I certify that the information contained in this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with Fun Services' policy.
2. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
3. I acknowledge that Fun Services reserves the right to amend their policies at any time, without prior notice. These policies do not create any promises or contractual obligation between Fun Services and its employees. At Fun Services, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and Fun Services retains the same rights.
4. My parents/legal guardians and I have read and understand all information and guidelines pertaining to my work.

DATE: _____ SIGNATURE OF APPLICANT: _____

DATE: _____ SIGNATURE OF PARENT/GUARDIAN: _____

- 16 and 17 year old - Attach completed yellow work permit
- 14 and 15 year old - Attach completed pink work permit



FUN SERVICES
#1 Kids Place * Bellevue, MI 49021
(269) 763-9601 * Fax (269) 763-3359

PARENT CONSENT FOR _____

Name of minor

I, _____, have read the work guidelines and have signed the work permit.
Name of Parent or Guardian

My child and I understand that the work sites are within 1/2 - 3 hours drive time and are outdoors. The final location of the work site and actual leave time will be confirmed 2 days prior to work. Transportation is provided by Fun Services (though I may opt to take my child directly to the work site). My child will bring food and wear the proper attire as requested. The return time is estimated and may vary. Fun Services is not responsible for my child after return to the warehouse.

“An employee may be dismissed without prior notice, for just cause, including theft, dishonesty, insubordination, failure to report to work, gross negligence, use of profanity, sexism or other conduct unbecoming of an employee.”

I give permission to have my child treated at a local hospital/Doctor in the event of an accident or should my child become ill. If my child has any chronic medical problems (such as Heart, Kidney, Asthma, Epilepsy, Allergies, Diabetes, etc.) we understand that the employer is not responsible for any of the medications or any emergencies the child may encounter but the “employee” knows fully what to do in an emergency related to their medical problem.

Emergency Contact:

- 1. _____
Name Relationship Phone Number
- 2. _____
Name Relationship Phone Number

Any other information we should know about your child that would be helpful to make this a good work experience:

Medical Insurance Information: (In case of non-work related illness)

Name of Insurance Provider: _____

Policy Number _____

Policy Holders Name _____

SIGNED _____ DATE _____
(Parent or Guardian)