



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
 Catering

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