



Our Mission: To provide fun, excitement, adventure and guidance for middle school-aged children in a safe, comfortable and secure place when school is out.

Thank you for taking the time to complete this application and for your interest in working at The Ozone.

ANSWER ALL QUESTIONS COMPLETELY AND PLEASE PRINT (In Ink)

PERSONAL DATA

Name: _____
Last First Middle Maiden (if different)

Soc. Sec. #: _____ Date of Birth ____/____/____

Address: _____
Street
City State Zip Length of Time? _____

Phone No.: (____) _____ Email: _____

Permanent Address (if different): _____
Street City State Zip

General Information

Position Interested in: 1. _____ 2. _____

Date Available: _____

Referred? : Y N HOW (name of person, website, ad, other)? _____

Are you age 18 or older? : Y N Possess a Valid VA Drivers License? : Y N

Please circle the days/hours you are available to work. M T W Th F Hours: From _____ To _____

Note: Our core business hours are from 3pm – 7pm M-F, we also provide extended day coverage when school is out. Please note if you would not be able to work either normal or extended hours and why.

Are you a US Citizen? : Y N

If no, please state the type of US employment authorization you have: _____

Have you EVER HAD ANY FELONY convictions?: Y N If YES, explain _____

EDUCATION AND/OR TRAINING						
	Name & Location	Course of Study/Major	Dates Attended		Graduated?	Degree
			From	To		
High School						
Business or Technical School						
College or University						
Graduate School						
Please list other training or certifications:						
Please list any special skills or license:						

REFERENCES			
Please list three references.			
	Reference 1	Reference 2	Reference 3
Name			
Relationship			
Phone			
Street			
City			
State/Zip			

EMPLOYMENT HISTORY/VOLUNTEER WORK: Please list all previous employment beginning with most recent. Use additional paper if necessary	
Company Name	_____
Address:	_____
	Street City State Zip
Phone No.: (_____) _____	Employed: From: _____ To: _____
Reason for Leaving: _____	May we contact? <input type="radio"/> Y <input type="radio"/> N
Position(s) Held:	_____
Description of Duties:	_____

Last Salary:	_____ Supervisor(s): _____

Company Name _____

Address: _____
Street City State Zip

Phone No.: (_____) _____ Employed: From: _____ To: _____

Reason for Leaving: _____ May we contact? Y N

Position(s) Held: _____

Description of Duties: _____

Last Salary: _____ Supervisor(s): _____

Company Name _____

Address: _____
Street City State Zip

Phone No.: (_____) _____ Employed: From: _____ To: _____

Reason for Leaving: _____ May we contact? Y N

Position(s) Held: _____

Description of Duties: _____

Last Salary: _____ Supervisor(s): _____

Company Name _____

Address: _____
Street City State Zip

Phone No.: (_____) _____ Employed: From: _____ To: _____

Reason for Leaving: _____ May we contact? Y N

Position(s) Held: _____

Description of Duties: _____

Last Salary: _____ Supervisor(s): _____

CONDITIONS OF EMPLOYMENT

(Please Read Carefully Before Signing)

I hereby certify that the information on this application is accurate to the best of my knowledge and is subject to verification by The Ozone. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide The Ozone (its authorized employees, designees or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application in connection with employment will be grounds for refusal of employment or for immediate termination regardless of when such information is discovered.

In the event I am employed, I understand that all employees of The Ozone are employees at will without a fixed term of employment. Any of The Ozone policies, procedures or benefits can be changed, interpreted, withdrawn or added to at any time, without any prior notice. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

I understand that as a condition of employment my driving record, criminal history record, reference checks, drug screening test and other documents required by law must be completed, and information given by me must be verified.

I understand and agree that any offer of employment, and my continued employment with The Ozone, is contingent upon satisfactory proof of my authorization to work in the United States.

Employees of The Ozone who drive company-owned, leased or other vehicles on company business must possess a valid Virginia Driver's License. The driver's license must not restrict driving in any manner that conflicts with job requirements. An unsatisfactory driving record may result in the loss or restriction of driving privileges on company business which could cause termination of your employment.

This application and any material accompanying it shall become the sole property of Halfway Home LLC, doing business as The Ozone in Hanover County, Virginia.

Finally, my signature certifies that the statements made on this application are correct and complete and in addition, I authorize The Ozone to initiate an investigation as outlined above.

Signature of Applicant (In Ink)

Date