



Application For Employment

Tell us about yourself

Today's Date: _____

Your Name: _____ Phone # _____

Other names you've worked under: _____ Social Security Number: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Are you at least 18 years old? Yes No Are you authorized to work in the United States? Yes No

Have you ever been convicted of a felony or misdemeanor (except minor traffic offenses or convictions for which a record has been expunged or sealed)? An omission of required information may be construed as an admission. Yes No

If yes, please explain in detail the facts relevant to the conviction(s). An answer of yes will not disqualify you from job consideration: rather, such information will only be considered if the conviction(s) has a direct relationship to the job for which you are applying and indicates a risk to property or safety.

Tell us about the position you want

Position: _____ Full-time Part-time Date available to start: _____

Are you able to work full-time if it becomes available? Yes No

Are you able to work: Mornings Afternoons Evenings

Tell us about your education, training and special skills

High school: _____ City: _____ When graduated or GED?: _____

College: _____ City/State: _____

When Grad.?: _____ Major: _____

College: _____ City/State: _____

When Grad.?: _____ Major: _____

College: _____ City/State: _____

When Grad.?: _____ Major: _____

Martial Arts style and rank: _____ When did you last train?: _____

Where did you train?: _____

Why do you want this position?: _____

Tell us about your employment history starting with your most recent employer

Employer: _____ May we contact them?: Yes No
Address: _____ Phone: _____
Employed from: _____ To: _____ Starting salary: _____ Current salary: _____
Job responsibilities: _____
Reason for leaving: _____

Employer: _____ May we contact them?: Yes No
Address: _____ Phone: _____
Employed from: _____ To: _____ Starting salary: _____ Current salary: _____
Job responsibilities: _____
Reason for leaving: _____

Employer: _____ May we contact them?: Yes No
Address: _____ Phone: _____
Employed from: _____ To: _____ Starting salary: _____ Current salary: _____
Job responsibilities: _____
Reason for leaving: _____

Agreement to Application Conditions

I hereby authorize the Company to investigate my references and make an independent investigation of my character, conduct and employment and school records, pre-employment, and, if I am hired, post employment, and to keep and preserve such records. I authorize my previous employers, schools, colleges or universities to release such information. I understand that if employed, my continued employment is conditioned upon my participation in and clearing such security examinations deemed advisable by the Company including written psychological assessment evaluations, interviews, honesty testing and drug testing. I hold all school, previous employers, financial companies, personal references and the Company harmless and free from liability in connection with any inquiry, security examination, investigation, or testing.

This application in not a contract and cannot create a contract. Employment at Fear Knot, Inc. is "at-will" and the Company or I may terminate my employment at any time with or without cause and with or without notice from myself or the Company. I understand that no Company policy, guideline, employee handbook or any other writing shall create a binding obligation on the part of the Company, and no employment contract shall be binding on the Company unless made in writing by myself and the President. If employed by the Company, I will be subject to its policies, procedures, rules and regulations. I understand that failure to reveal any information requested on this application or the giving of any false or misleading information by me will be sufficient grounds alone for refusal to hire or termination.

I hereby consent to the use of my name, picture and/or likeness for advertising and/or publicity purposes.

My signature below indicates that I have read, understood, authorized and consented to the statement set out in the above paragraphs.

Applicant's Signature: _____ Date: _____

Return this form to:
FEAR KNOT Martial Arts
4 South Market St., Suite 101
Elizabethtown, PA 17022

or fax to:
Fax: 717-361-9770