



# SERVICE SYSTEMS ASSOCIATES

## 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**

- Concessions (Food Stands)  
  Retail (Gift Shops)  
  Janitorial (Custodial)  
  Special Events (Catering)

Have you applied for employment with SSA before? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, date: _____	
Have you previously worked with SSA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____	
Position held: _____	Reason for leaving: _____
Do you know anyone currently working for Service System Associates, Inc.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 _____
Contact Phone # _____		Email Address _____		If employed, can you verify that you are 18 yrs. of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
( ) _____				If no, do you have a valid work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date available to start: _____		Days and Hours available _____		S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Hours _____	
Are you legally eligible for employment in the United States? (Proof will be required if hired.)		Yes <input type="checkbox"/>		No <input type="checkbox"/>	

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

GED: <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	Degree/Major	
Trade or Graduate School	Address _____ City _____ State _____ Zip Code _____	Degree/Major	

### Employment History

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

May we contact Present Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Dates	Employer	Duties	Pay Rate	Reason for leaving
Current/ Most Recent Job	Name _____ Address _____		Start	
From:	City _____		\$ _____	
To:	State _____ Zip Code _____		Finish	
Telephone ( )		Supervisor: Name and Title		
May we contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Dates	Employer	Duties	Pay Rate	Reason for leaving
Current/ Most Recent Job	Name _____ Address _____		Start	
From:	City _____		\$ _____	
To:	State _____ Zip Code _____		Finish	
Telephone ( )		Supervisor: Name and Title		
May we contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Dates	Employer	Duties	Pay Rate	Reason for leaving
Current/ Most Recent Job	Name _____ Address _____		Start	
From:	City _____		\$ _____	
To:	State _____ Zip Code _____		Finish	
Telephone ( )		Supervisor: Name and Title		

### Professional License/Certification

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



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**References** Please list three people, who are not related to you and who are not previous supervisors, that you have known for at least one year, and whom we may contact as additional references.

Name _____	Home phone (    ) _____	Business phone (    ) _____	
Address _____	Years known _____	Socially _____	Professionally _____
Business Address _____			
City _____	State _____	Zip Code _____	Title _____

  

Name _____	Home phone (    ) _____	Business phone (    ) _____	
Address _____	Years known _____	Socially _____	Professionally _____
Business Address _____			
City _____	State _____	Zip Code _____	Title _____

  

Name _____	Home phone (    ) _____	Business phone (    ) _____	
Address _____	Years known _____	Socially _____	Professionally _____
Business Address _____			
City _____	State _____	Zip Code _____	Title _____

**Employee Background**

Have you ever been convicted of a felony, misdemeanor, or a law violation other than a minor traffic violation? Yes No

We are a drug and alcohol-free workplace. Have you been convicted of a drug-related crime?\* Yes No

\*Conviction will not automatically bar you from employment. The date, nature, and the relationship of the conviction to the position sought will be considered.

If yes, to either or both questions, please explain: \_\_\_\_\_

**Please Read Carefully**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by Service System Associates (“the Company.”)

I authorize the Company to personally contact my former employers and references to obtain relevant information about my qualifications for employment. I hereby release and authorize my former employers and references to provide lawful information about me to the Company.

I understand that *nothing contained in this application, or conveyed during any interview which may be granted, is intended to create or does create an employment contract.* I further understand that if I am hired, my employment will be at-will, which means that it is for no definite period and may be terminated at any time, without cause or prior notice, at the option of either myself or the Company.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire me.

\_\_\_\_\_  
Applicant’s signature

\_\_\_\_\_  
Date

**Email completed application to: [ssadetroit@gmail.com](mailto:ssadetroit@gmail.com)**