

Are you able to perform the essential functions of the job position with or without reasonable accommodations?

Please circle one: Yes No

What reasonable accommodation, if any, would you require? _____

What does creativity mean to you?

Applicant Employment History

List your current or most recent employment first.

1. Company name: _____

Supervisor name: _____ Contact number: _____

Address: _____
Street City State Zip

Dates of employment (Month/Year): _____ to _____

Job duties: _____

Reason for leaving: _____

2. Company name: _____

Supervisor name: _____ Contact number: _____

Address: _____
Street City State Zip

Dates of employment (Month/Year): _____ to _____

Job duties: _____

Reason for leaving: _____

3. Company name: _____

Supervisor name: _____ Contact number: _____

Address: _____
Street City State Zip

Dates of employment (Month/Year): _____ to _____

Job duties: _____

Reason for leaving: _____

Please read carefully before signing

Dallas SPARK! is an equal opportunity employer. Dallas SPARK! does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Dallas SPARK! to hire me. If I am hired, I understand that either Dallas SPARK! or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Dallas SPARK! has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Dallas SPARK! true and complete information on this application. No requested information has been concealed. I authorize Dallas SPARK! to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____

Date _____

Parent Signature (if under 18 years old) _____

Date _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.