

Employment Application

Covid-19 Vaccination required for employment. Verification of vaccine status required if hired.

The Wizard's Chest is an equal opportunity employer. As such we do not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex or on any other basis prohibited or protected by law.

Please Print Clearly							
Name			Date	,			
Current Address (Street)			Soci	al Security Number			
(City) (State)	(Zip)		Cell (Phone Number			
Email		Date of B	irth Hom	ne Phone (if applicable)			
Type of Position Desired							
Position Applied For:			Target Hourly Wage/ Salary for Position:				
☐ Full Time ☐ Part Time ☐ Temporary / S	Seasonal Other						
Days / Hours Available to Work Mon Tues Wed	Thur	Fri	Sat	Sun			
Mon Tues Wed Thur Fri Sat Sun Have you previously worked for The Wizard's Chest ?							
	_						
Have you ever been convicted of a crime (misdemeanor or felony)?							
If yes, please explain (where, when, charged / releas	ea).						
(Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying.)							
Record of Education							
Name and Address of School	Dates Attended	Graduated	Type of	Major / Minor			
	From / To	Yes / No	Degree / Diplon Received / Expec	na field of study			
High School	_						
College or Technical School							
Why would you like to work at the Wizard's Chest?							

Employment History (Start with most recent employer)							
1. Name and Address of Employ		on For Leaving		Position Held			
1. Name and Address of Employ	rer Reas	on For Leaving		Position Heid			
Phone Number	Dates Employed	(month/year)	Supervisor N	Name			
			1				
2. Name and Address of Employ	ver Reas	To/ on For Leaving		Position Held			
Phone Number	Dates Employed	(month/year)	Supervisor N	Name			
	From/	To/ on For Leaving		- · · · · · · · · · · · · · · · · · · ·			
3. Name and Address of Employ	ver Reas	on For Leaving		Position Held			
Phone Number	Dates Employed	(month/year)	Supervisor N	Vame			
	From /	To/	Supervisor 1	varie			
)							
Personal References							
Name		Relationship		Phone Number			
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List any additional skills, abilities, or interests							
I hereby certify that all statements made in this application are true and correct. I understand that any misrepresentation or omission of							
facts in my application may be grounds for refusal to hire or termination of employment.							
I understand and authorize The Wizard's Chest to contact all past employers, schools, and personal references listed on this							
application to assist in the decision of offering me employment.							
I understand that nothing contained in this employment application or in the granting of an interview is intended to create an							
employment contract for either employment or for the providing of any benefit.							
SignatureDate							
Chana U O. L.							
Store Use Only							
Date Application Received	Date Interviewed	Interviewed By					
Himad DV DN D TDN) A 1' ('	Filed Det-					
Hired □Yes □No □ TBI	Application	Filed Date					
Available Start Date # Of Days Requested \$ \(\simega \) Nov 2 nd \(\simega \)							
Conflicts With: Comic Con		October		. Questions?			