



(214) 277-4953

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6300 Industrial Dr Suite 4  
Sachse, TX 75098

## Employment Application

### Applicant Information

First Name	M.I.	Last Name	Date
Street Address	City	State	Zip Code
Phone Number		Email Address	

<b>What date are you available to start working?</b>	
<b>Are you a citizen of the United States?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If no, are you authorized to work in the US?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Have you ever been convicted of a felony?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, please explain.</b>	

## Education

Where did you attend high school?	Start date?	End Date?

Did you graduate from high school? Date? Yes  No  Date:

Where did you attend college?	Start Date	End Date

Did you graduate from college? Yes  No

Date: Degree:

## Availability Information

Are you available every weekend for the next 3 months? Yes  No  If not, please explain why.

Please list the times you are available to work each day. Please note, work can start as early as 6am and end as late as 10pm each day. If available all day, please type "All Day".

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you work another job or are you currently in school? Please provide the times you will be working another job or in school. If not, please type "N/A".

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## Vehicle Information

To deliver inflatables you will need your own vehicle (truck, SUV or cargo van) that is capable of pulling a trailer that we will provide. Please provide some details of your vehicle below.

Year	Make	Model	Miles
<b>Do you currently have insurance?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you currently have a tow hitch mounted to your vehicle?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is your license currently active and NOT suspended?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>

## References

Name	Relationship	Phone Number
<b>Address</b>		<b>Email Address</b>

Name	Relationship	Phone Number
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<b>Address</b>		<b>Email Address</b>

## Previous Employment

Company Name	Phone Number
Address	Supervisor
Job Title	Start Date and End Dates
<b>Please describe your duties</b>	

May we contact your previous supervisor for a reference? Yes  No

Company Name	Phone Number
Address	Supervisor
Job Title	Start and End Dates
<b>Please describe your duties</b>	

May we contact your previous supervisor for a reference? Yes  No

Company Name	Phone Number
Address	Supervisor
Job Title	Start and End Dates
<b>Please describe your duties</b>	

May we contact your previous supervisor for a reference? Yes  No

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge and belief. Yes  No

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Yes  No

Signature	Date