



# Capital Edge Paintball Park

9391 Florin Rd.  
Sacramento, CA, 95829  
(916) 842-1777

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability. Applicants may be randomly drug tested.

Name \_\_\_\_\_ Date of application \_\_\_\_\_  
LAST FIRST MIDDLE  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Social Security Number: Required Once Job Offer is Accepted

## 1. GENERAL INFORMATION:

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No

Are you legally authorized to work in the U.S. ? ☐ Yes ☐ No  
( proof will be required upon hire )

Date you can start

/ /

## 2. EDUCATION & TRAINING:

Circle last grade completed - Grade 9 10 11 12 College 1 2 3 4

Name & Address of School	Major Course studied	Graduated or degree (Yor N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			

## 3. SKILLS Please list any skills you have that are appropriate for the position you are applying for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Position applying for, be specific:

Salary Requirements

\$

☐ per hour

☐ per month

Reference 1

Reference 2

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **THREE** employers. If currently employed, may we contact your employer? ☐ Yes ☐ No  
Include self-employment, military service, volunteer work and periods of unemployment.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY				(AREA CODE) TELEPHONE				EMPLOYED FROM TO MO/YR MO/ YR	
STREET ADDRESS		CITY		STATE		ZIP			
NAME & TITLE OF SUPERVISOR				TITLE OF YOUR POSITION				REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:									

FULL NAME OF COMPANY				(AREA CODE) TELEPHONE				EMPLOYED FROM TO MO/YR MO/ YR	
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NAME & TITLE OF SUPERVISOR				TITLE OF YOUR POSITION				REASON FOR LEAVING:	
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NAME & TITLE OF SUPERVISOR				TITLE OF YOUR POSITION				REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:									

**READ CAREFULLY:** I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature \_\_\_\_\_ Date \_\_\_\_\_