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 Napa, CA 94559  
 707-258-8888  
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 info@balloonrides.com



EMPLOYMENT APPLICATION

**PERSONAL**

Last Name	First	Initial	Social Security #
Other Name(s) Used			Telephone # ( )
Address			Email Address:
Position Applied For	Referred By		Salary Desired
Have you ever interviewed with Balloons Above The Valley before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s) & job title(s)	
Have you ever been employed by Balloons Above The Valley before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s) & job title(s)	
Do you have any relatives and/or friends employed by Balloons Above The Valley? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & names	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit?	

**EDUCATION**

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

## EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
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Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

## REFERENCES

Give the name of three persons not related to you, whom you have known at least one year.

Name	Address and Phone	Business/Position	# of years acquainted

## GENERAL

Yes No

- May we contact your current employer for references?
- Do you have a valid CA driver's license?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which have not been annulled, expunged or seals by court? (A yes response does not automatically disqualify your application.)

## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by Balloons Above The Valley, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Balloons Above The Valley to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Balloons Above The Valley and will hold Balloons Above The Valley and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Balloons Above The Valley to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Balloons Above The Valley is intended to create an employment contract between myself and Balloons Above The Valley under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or Balloons Above The Valley at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date