



# HARTMAN'S CORN MAZE & ZOMBIE PAINTBALL HUNTING

7941 Blue Springs Parkway, Mosheim, TN 37818 – Phone: 423-422-4836

[www.hartmanscornmaze.com](http://www.hartmanscornmaze.com)



## APPLICATION FOR EMPLOYMENT

Application Date: \_\_\_/\_\_\_/\_\_\_

An Equal Opportunity employer

Reasonable accommodation will be provided as required by law

Last Name	First Name	MI.	Social Security Number
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Street Address	City/State	Zip Code	Phone Number
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List two contacts that we may reach in case of emergency

Name	Address	Relationship	Phone Number
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\_\_\_\_\_

\_\_\_\_\_

If hired, can you provide proof of legal eligibility to work in the U.S.? \_\_\_\_\_

Any offer of employment is conditional upon providing the appropriate documents for identity and work authorization.

Will you be available to work on Friday & Saturday nights beginning September 13, 2024 through October 26, 2024?

\_\_\_\_\_

Are you 16 years of age or older? \_\_\_\_\_ If under 18, please put date of birth \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested or convicted of a felony. Yes \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain when and why you were arrested or convicted of a felony.

\_\_\_\_\_

\_\_\_\_\_

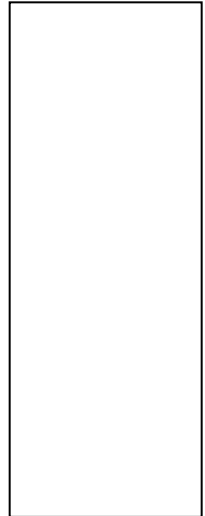
\_\_\_\_\_

If under 18 years of age, you will be required to submit a parental consent form to legally, work past 10pm.

\_\_\_\_\_

Do you have any medical issues or allergies that may affect medical treatment if you are injured or in the event of an accident: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please detail here: \_\_\_\_\_



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Provide Three References Who Are Not Former Employers or Family Members Who We May Contact  
Name / Occupation                      Relationship / Years Know                      Phone Number

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**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM**

*Initial the box beside each paragraph to indicate you have read and understand each topic below.*

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

We are a family oriented business. As a result, there are some rules, which must be followed if employed with us. These include, but not limited to: No profanity of any kind while working in the maze. Employees are not allowed to touch guests under any circumstances. Use of smoking and alcohol is prohibited at all times. Violation of these, or any other rules which may be stated at a later time, may result in immediate termination.

I understand that pay period ends at the conclusion of clean up and gear storage on Saturday Night. Payment is dispersed as you sign out to go home on Saturday Night, after all guests have left, your station has been cleaned and your gear is properly stored; Zombies, your gear should be hung on the rack provided in the cleaning area.

I understand this is a job, it is not a party, or a hangout for me and/or my buddies. As such, the schedule I am given is required to be fulfilled in order for the operation to perform as it should. Therefore, if something happens and I am unable to fulfill my assigned shift, I must make arrangements at least a day in advance to allow a substitute to be called in. If I miss my shift and have not made prior arrangements, I Am Forfeiting My Job; No Call, No Show – No Job.

I have read, understand, and agree to the above statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_