

Titan Games & Comics APPLICATION FOR EMPLOYMENT

Employees of Titan Games & Comics and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, sexual orientation or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by asking HR to assist in filling out the form on your behalf.

Full Legal Name:

Last:	<input type="text"/>	First:	<input type="text"/>	Middle:	<input type="text"/>
Position Applied for:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address:	<input type="text"/>	Social Security #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
City:	<input type="text"/>	Cell Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>
State:	<input type="text"/>	Other Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip:	<input type="text"/>	Email Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address:	<input type="text"/>				

Do you have a high school diploma?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO	Year Complete	<input type="text"/>
If you did not complete high school, do you have a high school Equivalency diploma?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO	Date Received	<input type="text"/>
Name and Location of Institution	Hours	Degree Received	Major or Specialty	Minor	Dates Attended		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							

Experience:

Use blank ruled paper for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

Job Title:		Employer:	
Address:		Phone:	
City/State/Zip		Type of Business:	
Immediate Supervisor/Title		May we contact them? Yes or No	
# of employees you supervised:		Reason for leaving:	
Salary (start)		Salary (finish)	
Dates (mo/year)		To (mo/year)	

Job Duties:

Experience:

Use blank ruled paper for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

Job Title:		Employer:	
Address:		Phone:	
City/State/Zip		Type of Business:	
Immediate Supervisor/Title		May we contact them? Yes or No	
# of employees you supervised:		Reason for leaving:	
Salary (start)		Salary (finish)	
Dates (mo/year)		To (mo/year)	

Job Duties:

Experience:

Use blank ruled paper for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

Job Title:		Employer:	
------------	--	-----------	--

Address:		Phone:	
City/State/Zip		Type of Business:	
Immediate Supervisor/Title		May we contact them? Yes or No	
# of employees you supervised:		Reason for leaving:	
Salary (start)		Salary (finish)	
Dates (mo/year)		To (mo/year)	

Job Duties:

Additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements, or specialized skills:

Computer skills (operating systems, software):

Any License, certificates, or other authorization to practice a trade or profession:

Please list any gaming experience you may have and the number of years.

I am applying for full time hours. I am applying for part time hours.

Please list all days/hours that you are able to work.

Do you have dependable transportation to and from work? Yes No

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No

Under the Immigration Reform and Control Act of 1986, you may be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you may be required to provide documentation to that effect should you be employed.

Do you suffer from any adverse physical or mental condition which could potentially impact your employment? Yes No

Have you ever been convicted for any violations of law, including moving traffic violations? If yes, please provide the following below: description of offense, statute or ordinance, date of charge, date of conviction, county, city and state of conviction. Yes No

When will you be available to start working? ____/____/____

References:
List names, addresses and relationships of three persons not related to you who know your qualifications.

Name	Address	Phone	Relationship

Certification: Each application requires current date and original signature
 I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification and information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of TrollAndToad.Com. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references, credit checks and former employers and educational institutions listed being contacted regarding this application. I further authorize Webbed Sphere Inc. D/B/A TrollAndToad.Com to rely on and use, as it sees fit, any information received from such contacts.

Applicant Signature: _____ **Date:** _____

Titan Games & Comics

BACKGROUND INVESTIGATION AUTHORIZATION FORM

The information requested below is for the sole purpose of conducting a background investigation that includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for employment. It is the company's policy to evaluate any adverse information obtained in the background investigation based upon a range of factors including, but not limited to, employment history and time, nature, and job-relatedness of the offense. This form along with the final report will be placed in a separate file and will not be made a part of your personal file should you be hired.

This information will be used for purposes of identification and pre-employment only and will not be used for discriminatory purposes. Federal law prohibits discrimination in employment on the basis of age, race, color, creed, religion, sexual orientation, disability, or national origin. Many states also prohibit some or all of the above types of discrimination and may also include marital status or other categories.

Name:		Maiden Name(s), Nickname, or other name:	
Date of Birth:		Social Security #:	
Driver's License Number	State Issued	Issue Date	

My license are valid: **My license are not valid:**

If invalid, please explain:

Please provide your address for the past three years:

Address:		Address:	
City, County, State:		City, County, State:	
Zip Code:		Zip Code:	
Years to-from:		Years to-from:	
Address:		Address:	
City, County, State:		City, County, State:	
Zip Code:		Zip Code:	
Years to-from:		Years to-from:	

Signature: _____ **Date:** _____