



Pre-Employment Questionnaire
Equal Opportunity Employer
Fax to (703) 723-2707 or
Mail to: Curiosity Zone, Attn: Employment
43135 Broadlands Center Plaza, Suite 123, Ashburn, VA 20148

PERSONAL INFORMATION

NAME		SOCIAL SECURITY NO.		EMAIL ADDRESS	
PRESENT ADDRESS		CITY	STATE	ZIP CODE	
PERMANENT ADDRESS		CITY	STATE	ZIP CODE	
PHONE NO.		MOBILE PHONE NO.		REFERRED BY	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES NO					
IF YOU ARE A MINOR UNDER AGE 18, CAN YOU PROVIDE A VALID WORK PERMIT? YES NO					
HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST 10 YEARS THAT HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? YES NO IF YES, PLEASE DESCRIBE:					

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	SALARY DESIRED
DESCRIBE THE DAYS & HOURS YOU ARE AVAILABLE TO WORK:			
ARE YOU CURRENTLY EMPLOYED? [] YES [] NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? [] YES [] NO	
CURRENT SALARY:		CURRENT TITLE:	
EVER APPLIED TO THE CURIOSITY ZONE BEFORE? [] YES [] NO		WHERE?	WHEN?

EDUCATION HISTORY

	SCHOOL NAME & LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	MAJOR OR DEGREE
HIGH SCHOOL				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
COLLEGE				
GRADUATE SCHOOL				

GENERAL INFORMATION

PLEASE DESCRIBE THE RELEVANT EXPERIENCE YOU HAVE AND WHY YOU'D BE GREAT AT THIS JOB.

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PLEASE DESCRIBE ANY AWARDS YOU HAVE WON OR OTHER SPECIAL ACHIEVEMENTS OR QUALIFICATIONS WE SHOULD KNOW ABOUT.

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FORMER EMPLOYERS (PLEASE LIST BELOW YOUR LAST FOUR EMPLOYERS, LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES (PLEASE PROVIDE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR)

NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, should any information (written or oral) furnished by me at any time to Curiosity Zone (including without limitation any information in this application) be found to be false, misleading, incomplete or otherwise inaccurate in any way, then Curiosity Zone shall have just and sufficient cause for refusing to hire me or, if I have been hired by Curiosity Zone, for terminating my employment.

I authorize investigation of all statements contained herein and the references and employers 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 Curiosity Zone from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that this is merely an application for employment. There is no promise or guarantee that I will be employed by Curiosity Zone.

I also understand that, if I am employed by Curiosity Zone, I am hired on an "at-will" basis without any employment contract of any nature; and my continued employment, position and compensation are not guaranteed. Just as I would be free to voluntarily terminate my employment at any time, I acknowledge that Curiosity Zone can terminate or modify my employment, position and/or compensation at any time with or without cause or reason.

Signature

Date

This application is not valid without a signature and date.