



# Application for Employment

## Personal Information

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No  
Are you either a U.S. citizen or an alien authorized to work in the U.S.?  Yes  No

Have you ever worked or attended school under another name? If so, under what name?

## Position Desired

Position applying for: \_\_\_\_\_ Date available: \_\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually

Do you prefer:  Full-time  Part-time If part-time, hours per week desired: \_\_\_\_\_

Days and hours you are available to work: \_\_\_\_\_

Are you able to work:  Weekends  Holidays  Nights  Overtime

Have you previously worked for Fantasy Flight Games?  Yes  No

If so, what dates were you employed with Fantasy Flight Games: from \_\_\_\_\_ to \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Former supervisor(s) at Fantasy Flight Games: \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

## Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

*Fantasy Flight Publishing considers applications for all positions without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital, familial or veteran status, or any other legally protected status.*



# Application for Employment

## Skills

Please list any skills you have that are appropriate for the position applying for:

---



---



---

## Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Starting Compensation:		Final Compensation:	

*Fantasy Flight Publishing considers applications for all positions without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital, familial or veteran status, or any other legally protected status.*



# Application for Employment

## References

Identify three persons, professional or personal, who know your work, beginning with the most recent.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for termination.

Furthermore, I understand and acknowledge that , if hired, employment with Fantasy Flight Publishing is a voluntary, “at-will” employment situation and is subject to termination by the employee or employer, with or without cause, and with or without notice, at any time. It is further understood that the “at-will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized Executive of Fantasy Flight Publishing.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

\_\_\_\_\_  
Candidate's Printed Name

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date