Application for Employment

Personal Information

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Position Wanted (Please Circle)

Ball Park Manager Pool Manager Summer Help Ball Park Concession

Best Time to Contact You……………………………………………AM PM

Have you ever filed an application with us before?............................YES NO

If yes, give date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?........YES NO

Have you ever been employed with us before?.....................................YES NO

If yes, give date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do any of your friends or relatives other than spouse work here?...............................YES NO

Are you currently employed?...........................................YES NO

May we contact your present employer?..........................YES NO

Are you prevented from lawfully becoming employed in this country because of a VISA or Immigration status?...................................YES NO

Date Available for work: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ What is your desired salary range? \_\_\_\_\_\_\_\_\_\_

Are you available to work? Full Time Part Time Temporary (dates available) \_\_\_\_\_\_\_\_\_

Are you currently on “lay-off” status and subject to recall?.........................YES NO

Can you travel if a job requires it?.........................YES NO

GIVE THREE REFERENCES OF THREE PERSONS NOT RELATED TO YOU

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.