



# Facilities

## Application for Employment

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Are you over 18 years of age? Yes  No

If you are under 18 years of age, do you have a work permit for this position, if required by law? Yes  No

Do you have a valid drivers license? Yes  No

Have you ever been convicted of a crime (other than minor traffic violations)? Yes  No

If yes, please explain. \_\_\_\_\_

In emergency notify: \_\_\_\_\_

How were you referred to the National Sports Center? \_\_\_\_\_

### Placement Information

Position Applying for: \_\_\_\_\_

Full-Time  Part-Time  Seasonal

Hours per week: Least \_\_\_\_\_ Most \_\_\_\_\_

Please list days available:

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Please list hours available (AM / PM):

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

When could you start? \_\_\_\_\_

Do you have outside activities which would keep you from working the hours you have listed? Yes  No

If yes, please explain. \_\_\_\_\_

### For office/clerical positions, please complete the following:

List your computer experience: \_\_\_\_\_

**EDUCATION**

Name of School	Years Completed	Graduated (Yes / No)	Avg. Grade
High School or GED			
Business or Trade School			
College/University			
Other			

**WORK HISTORY (Do not skip any positions)**

## Present or last position held

Company Name & Address	Supervisor's Name & Phone	Your Job Title & Responsibilities
Date Started / Date Ended	Last Pay Rate	Reason for Leaving

## Position previous to above

Company Name & Address	Supervisor's Name & Phone	Your Job Title & Responsibilities
Date Started / Date Ended	Last Pay Rate	Reason for Leaving

## Position previous to above

Company Name & Address	Supervisor's Name & Phone	Your Job Title & Responsibilities
Date Started / Date Ended	Last Pay Rate	Reason for Leaving

May we call or write your present supervisor?

Yes ♦  No ♦ 

Please add any other notes you think would be important for us to know:

**IMPORTANT—PLEASE READ BEFORE SIGNING**

The facts set forth in my application are true and complete. I understand that any false statement, or concealment or failure to answer any question fully and accurately shall be grounds for termination regardless of length of employment.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_