



SEASONAL EMPLOYMENT APPLICATION

We are an equal opportunity employer and all employment decisions will comply with all applicable laws prohibiting discrimination.

PERSONAL INFORMATION

Last Name	First Name	Date
Address	City, State & Zip Code	Email Address
Phone Number	Emergency Contact Name and Number	
Are you 16 years or older? YES / NO Are you 18 years or older? YES / NO Are you 21 years or older? YES / NO		

Desired Employment

Please number your first three choices

TEAM STORE <input type="checkbox"/>	TICKET TAKERS <input type="checkbox"/>	TICKET OFFICE <input type="checkbox"/>	SECTION LEADER/USHER <input type="checkbox"/>
PROMOTIONS <input type="checkbox"/>	VIDEO/PRODUCTION <input type="checkbox"/>	CLEAN UP CREW <input type="checkbox"/>	PARKING <input type="checkbox"/>
BAT BOY <input type="checkbox"/>	CONCESSIONS <input type="checkbox"/>	OTHER _____ <input type="checkbox"/>	

- Have you ever worked for the Rancho Cucamonga Quakes before? ☐ Yes ☐ No
If yes, when and which department? _____
- Have you ever been involuntarily terminated from employment other than a layoff? ☐ Yes ☐ No
If yes, please explain: _____
- If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No
- Are you bi-lingual? ☐ Yes ☐ No
If yes, languages spoken _____
- If hired, can you provide proof of your U.S. citizenship and/or your legal right to work in the United States? ☐ Yes ☐ No
- Are you available to work nights, weekends and holidays? ☐ Yes ☐ No
- Are you able to work in extended weather conditions due to heat and cold? ☐ Yes ☐ No

REFERRED BY (if applicable)

Personal References

1.	Name	Phone	Years Acquainted
2.	Name	Phone	Years Acquainted

CURRENT / FORMER EMPLOYERS

1.

Name and Address of Present or Last Employer	City, State	Zip Code
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Starting Date	Ending Date	Job Title	Name of Supervisor / Phone Number
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Description of Work:

Reason for Leaving:

2.

Name and Address of Employer	City, State	Zip Code
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Starting Date	Ending Date	Job Title	Name of Supervisor / Phone Number
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Description of Work:

Reason for Leaving:

3.

Name and Address of Employer	City, State	Zip Code
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Starting Date	Ending Date	Job Title	Name of Supervisor / Phone Number
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Description of Work:

Reason for Leaving:

LIST OTHER VOLUNTEER EXPERIENCES, TRAINING, OR QUALIFICATIONS YOU HAVE OR HAVE HAD

1.

2.

3.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsification, misrepresentation or omission of fact on this application or any accompanying or required document will be cause for denial of employment or immediate termination of employment regardless of when or how discovered.

I understand that my employment is only temporary and seasonal and I am not guaranteed any amount of hours. I also understand that I or the Rancho Cucamonga Quakes may terminate my employment at any time with or without cause.

I authorize investigation of all statements contained herein and contact of my present and past employers, schools, references and other sources deemed appropriate to consider my application to give you any and all information they may have, personal or otherwise, and release them and the Rancho Cucamonga Quakes from liability for any damage that may result from the utilization of such information.

I agree that, if employed, I will abide by the mission statement, rules, regulations, policies and procedures established by the Rancho Cucamonga Quakes.

I also understand and agree that no representative of the Rancho Cucamonga Quakes 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 Rancho Cucamonga Quakes representative.

Applicant's Signature

Date