2025 APPLICATION FOR GAME DAY EMPLOYMENT

DIAMOND BASEBALL HOLDINGS INLAND EMPIRE 66ERS, LLC

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, disability, martial, veterans status, citizenship, national origin, ancestry, obligation to serving the armed forces of the united states, or any other characteristic protected by applicable federal, state and local laws. *Applicants may be required to undergo a background check, prior to starting employment..

EOE / Value-based Employer

☐ **NEW APPLICANT** or ☐ **RETURNING EMPLOYEE**

First: _____ Last: _____

Cell: _____ Email: _____

Address: _____ City: _____ Zip: _____ State: _____

Driver's License or ID#: _____ DOB: _____

Referred By: _____

Positions Wanted: _____

FOR OFFICE USE

Department:

Admin/Front Office ◯	Bat Boy ◯	Bernie/Mascot ◯	Box Office ◯
Cash Room ◯	Club House ◯	Custodial ◯	Fun Zone ◯
Grounds ◯	Hostess ◯	Merchandise ◯	PA ◯
Parking ◯	Security ◯	Porter ◯	Press Box ◯
Promotions ◯	Special Events ◯	Usher ◯	

Hiring Manager: _____

Pay Rate: _____

Special Events Pay Rate: _____

Notes:

FOR NEW APPLICANTS BELOW

Circle Highest Grade Completed: 6 7 8 9 10 12 Circle Highest Year of College Completed: 1 2 3 4 5 6 7 8

Name of Last School Attended: _____

City: _____ State: _____

Major / Subjects / Degrees: _____

Other Schools / Training: _____

Military Branch of Service: _____ Dates: _____

FOR NEW APPLICANTS BELOW

Employment History
Starting with your most recent employer, list your last 3 jobs.
Included all employers.

From:________ To:________ Company Name:______________________________

Phone:________________ Pay Rate:____________ Address:______________________________

Supervisor:____________________________ Describe Your Position:______________________________

____

Reason For Leaving:____

From:________ To:________ Company Name:______________________________

Phone:________________ Pay Rate:____________ Address:______________________________

Supervisor:____________________________ Describe Your Position:______________________________

____

Reason For Leaving:____

From:________ To:________ Company Name:______________________________

Phone:________________ Pay Rate:____________ Address:______________________________

Supervisor:____________________________ Describe Your Position:______________________________

____

Reason For Leaving:____

FOR NEW APPLICANTS & RETURNING EMPLOYEES BELOW

I certify that the answers given herein are true and complete to the best of my knowledge.

*I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at the employment decision. In the event of employment, I understand that false or misleading information or material omissions given in my application or interview(s) that are discovered at any time in the future may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. The following is my true signature:*______________________________

*Date:*____________________

FOR NEW APPLICANTS & RETURNING EMPLOYEES BELOW

At-Will Employment Statement

I understand that employment with DBH Inland Empire 66ers, LLC, is "at-will" which means that the terms of employment may be changed with our without notice, with or without cause, including, but not limited to termination, demotion, promotion, transfer, or compensation, benefits, duties, and location of work. No representative of the Company may change this at-will status except through a written agreement signed by the president of the Company. I have read and understand the above.

*The following is my true signature:*_____ *Date:*_____

Application Affirmative Action Data Record

The following information is requested by DBH Inland Empire 66ers, LLC to assess our effectiveness in Affirmative Action Equal Employment Opportunity. The following questions are asked for reporting the purposes only. As an Affirmative Action employer under EO 11246, we invite all applicants to identify themselves as indicated below. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application.

Name:_____ Date:_____

Positions Applied For: _____

How You Were Referred:_____

Personal Traits:

Male ◯ Female ◯

White(1) ◯ African-American(2) ◯ Hispanic(3) ◯ Asian/Pacific Islander(4) ◯

Native American or Alaska Native(5) ◯

1)White (Not Hispanic or Latino)- A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

2)Black or African American (Not Hispanic or Latino)- A person having origins in any of the black racial groups of Africa.

3)Hispanic or Latino Person of Cuban, Mexican, Puerto Rican, South or central American or other Spanish culture or origin regardless of race.

4)Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)- A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

5)Native American or Alaska Native (Not Hispanic or Latino)- A person having origins in any of the original peoples of North and South American (including Central American), and who maintain tribal affiliation or community attachment.

Check all that apply:

Age 40+ Years ◯ Vietnam Era Veteran ◯ Special Disabled Veteran ◯

Newly Separated Veteran ◯ Other Protected Veteran ◯

***Please see list of accepted documents on the following page, when filling out your I-9.**

The following page is only for reference.

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9
OMB No. 1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.