

# GREENSBORO GRASSHOPPERS

## Employment Application

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Usher             | <input type="checkbox"/> Ticket Taker         | <input type="checkbox"/> Camera/Game Production           |
| <input type="checkbox"/> Ticket Seller     | <input type="checkbox"/> Suite Greeter        | <input type="checkbox"/> Cook (Food & Beverage)           |
| <input type="checkbox"/> Custodian         | <input type="checkbox"/> Bat Boy              | <input type="checkbox"/> Cashier/Server (Food & Beverage) |
| <input type="checkbox"/> Security          | <input type="checkbox"/> Playground Attendant | <input type="checkbox"/> Stand Manager (Food & Beverage)  |
| <input type="checkbox"/> Parking Attendant | <input type="checkbox"/> Souvenir Store       | <input type="checkbox"/> Cash Manager (Food & Beverage)   |

**Please print or type.**

Name \_\_\_\_\_  
Last First Middle

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Have you been employed here before? Yes  No

Are you legally eligible for employment in this country? Yes  No

Date available for work \_\_\_\_\_

Type of employment desired: Full time  Part time  Temp  Seasonal

Have you been convicted of a felony in the last seven (7) years?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have a current driver's license? Yes  No

### **WORK EXPERIENCE**

List current and former employers, beginning with the most recent:

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Summarize your work and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

continued

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Summarize your work and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

### RECORD OF EDUCATION

High School	Years completed	Did you graduate?	Course of study	Degree earned
_____	_____	_____	_____	_____
College	Years completed	Did you graduate?	Course of study	Degree earned
_____	_____	_____	_____	_____
Other	Years completed	Did you graduate?	Course of study	Degree earned
_____	_____	_____	_____	_____

### PERSONAL REFERENCES

Please list the name, address and telephone number of three references other than relatives or prior employers.

Name and address	Phone number	Years known
_____	_____	_____
_____	_____	_____
_____	_____	_____

### All applicants, please read:

I hereby certify that the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements, representations or omissions made by me on this application, any supplement, or on a resume, will be sufficient grounds for rejection of this application or discharge from employment. I also hereby authorize the employers to obtain information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.

If am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and that the employers reserve the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representation of the employers, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that the employers will not refuse to hire a qualified individual with a disability simply because of that person's need for a reasonable accommodation as required by the Americans with Disability Act.

If I am hired, I understand that I will be required to provide proof of identity and authorization to work.

My signature below acknowledges that I have read the foregoing and that I agree to the above-stated terms.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_