

Louisville Bats
Application for Employment

This company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.

Position Applied For: _____ Date of Application: _____
Date You Can Start: _____ (Please note that this application will only remain active for 6 months.)

Name _____ Social Security # _____
Last First M.

Present Address: _____
Street City State Zip

Email _____
Telephone #: Cell_(_____) _____ Email _____

Are you 18 years or older? _____ Yes _____ No Date of Birth ____/____/____

Are there any hours or days you cannot work? _____ If so, when? _____

Pay rate desired _____ Type of employment: _____ Full time _____ Part time

Are you employed now? _____ May we contact your present employer? _____

Have you ever applied to this company before? _____ Under what name _____

When? _____

Education:

	Name/Address. of School	# Years Attended	Did you graduate?	Subject/Major
Elementary Sch				
High School				
College				
Specialized Training				

Are you lawfully entitled to be employed in the United States? _____

Have you been convicted of a crime? _____ Yes _____ No (*Conviction will not necessarily disqualify you from employment.*)

If yes, please explain _____

References: List 3 individuals Not Related to You, You have known for at least 1 year:

NAME	ADDRESS&TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact: _____
Name/Street/City/State/Telephone

Current & Former Employers: (Most Recent One First)

Date:Month/Year	Name/Address and Telephone No.	Salary: Starting/Ending	Last Position Held/Responsibilities	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

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Please read the following statement carefully before signing to indicate your understanding:

I understand that if I receive a conditional job offer and prior to beginning employment, I may be requested to undergo a pre-employment medical examination.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY REASON.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

I give permission for receipt of a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency concerning or related to me.

Date _____ Signature _____

For Employer Use Only:

Interviewed by: _____ Date _____ Hired: _____ Yes _____ No _____

Starting Date: _____ Position: _____ Wage: _____

****THIS COMPANY IS AT AT-WILL, EQUAL OPPORTUNITY EMPLOYER****