Everett AquaSox Day of Game Application

Name: ***Cell Phone:***

Address: ***E-mail address:***

City: ***Zip Code:***

Work Experience Please list your last three employers starting with the most recent

From	To	Employer Name	Position	Supervisor

Educational Background

From	To	School Name/Location	Current Grade or Graduation Date if Finished	GPA

References Please list three people not related to you

Name: Phone: Yrs. Known:

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Are you at least 18 years old? ☐ YES ☐ NO

Can you provide proof of age? ☐ YES ☐ NO Are you able to work all games? ☐ YES ☐ NO

If no what games will you miss? _____

Do you have dependable transportation? ☐ YES ☐ NO

Have you been convicted of a felony? ☐ YES ☐ NO When? _____

What was the nature of the offense? _____

Did a current AquaSox staff member refer you to our hiring? ☐ YES ☐ NO

Current Staff member's name: _____

Please read and sign the following

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 resume, will be sufficient grounds for rejection of this application or discharge from employment. I also hereby authorize the AquaSox 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 I 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 of definite duration. I understand that no representative 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.

I have read and understand the above: Date:

Please check off all areas that you would like to apply for.

- ☐ Baseball Ops
- ☐ Fun Zone
- ☐ Fan Information
- ☐ Concessions
- ☐ Gates/ Ticket Scanner
- ☐ Mascot
- ☐ Parking Attendant
- ☐ Usher
- ☐ Souvenir Sales
- ☐ Frog Squad
- ☐ Grounds Crew