



APPLICATION FOR SEASONAL EMPLOYMENT

Somerset Patriots, 1 Patriots Park, Bridgewater, NJ 08807

Office: (908)252-0700 Email: operations@somersetpatriots.com

The Somerset Patriots are an Equal Opportunity Employer

Today's Date: _____

Interviewed By: _____
Internal Use Only

Personal:

Last Name: _____ First Name: _____ Middle: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Positions Desired:

(Please select the positions that you are most interested in for employment)

- | | | |
|--------------------------------------------|-----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Usher | <input type="checkbox"/> Team Store Associate | <input type="checkbox"/> Fun Zone / Gaming Area |
| <input type="checkbox"/> Parking Attendant | <input type="checkbox"/> Camera Operator | <input type="checkbox"/> Merchandise Hawker |
| <input type="checkbox"/> Mascot Performer | <input type="checkbox"/> Time Clock Operator | <input type="checkbox"/> Bat Boy / Clubhouse Attendant |
| <input type="checkbox"/> Ticket Taker | <input type="checkbox"/> Official Scorer | <input type="checkbox"/> Cleaning and Maintenance |
| <input type="checkbox"/> 50/50 Seller | <input type="checkbox"/> Grounds Crew | <input type="checkbox"/> Other _____ |

**** You must fill out the Home Plate Catering application if you are interested in Concessions and Catering Jobs**

General Information:

Are you 16 years or older? ____ YES ____ NO If you are under 18 do you have working papers ____ YES ____ NO
 Are you a citizen of the United States? ____ YES ____ NO, If **NO**, do you have authorization to work? ____ YES ____ NO
 Will this position be your primary job or will it be your second job? ____ PRIMARY ____ SECOND JOB
 If your **SECOND JOB**, what is your primary job? _____ Hours worked per week _____
 When will you be available to start work? _____
 What days can you work? M Tu W Th F Sat Sun Any Day
 Can you work nights? ____ YES ____ NO
 Have you ever been convicted of a felony? ____ YES ____ NO, If **YES**, please explain:

 Do you have appropriate means of transportation? ____ YES ____ NO

Highest Level of Education:

High School/College/Technical School: _____ City/State: _____
 Major/Study: _____ Did you graduate? ____ YES ____ NO

Employment History: (list your current or most recent employer first)

Employer: _____ Dates: _____ to _____
Address: _____ Reason for leaving: _____
Job Title: _____
Supervisor: _____ Phone: _____
Briefly describe your job duties: _____

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Job Title: _____
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Briefly describe your job duties: _____

Give any other information you believe would assist us in considering you for employment:

References:

Give below the names of three persons not related to you that you have known at least one year:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Certification:

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the Company's policies and rules found in any employee handbook, policy manual, or other communications, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Company. I understand that no Company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I HAVE READ THE ABOVE STATEMENTS:

Applicant's Signature: _____ Date: _____