

APPLICATION FOR EMPLOYMENT

Applicant: This pre-employment questionnaire is strictly for the purpose of helping us make our hiring decisions. For this reason, it is important that you complete this application completely and truthfully. Do not leave any blank spaces.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO PROVIDING EQUAL EMPLOYMENT OPPORTUNITIES TO ALL EMPLOYEES AND APPLICANTS WITHOUT REGARD TO RACE, SEX, GENDER (INCLUDING PREGNANCY, CHILDBIRTH, BREASTFEEDING OR RELATED MEDICAL CONDITIONS), GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, RELIGION, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, GENETIC INFORMATION, CITIZENSHIP, PHYSICAL OR MENTAL DISABILITY, LEGALLY PROTECTED MEDICAL CONDITION, AGE, MARITAL STATUS, FAMILIAL STATUS, PROTECTED MILITARY OR VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED STATUS UNDER APPLICABLE FEDERAL, STATE AND LOCAL LAW. IT IS ALSO OUR POLICY TO COMPLY WITH ALL APPLICABLE LAW OR OTHER SIMILAR FACTORS THAT ARE NOT JOB-RELATED THAT ARE PROTECTED BY LAW. NO QUESTION ON THE APPLICATION IS INTENDED TO SECURE INFORMATION ABOUT THESE SUBJECTS. WE ENCOURAGE ALL QUALIFIED INDIVIDUALS TO APPLY FOR EMPLOYMENT. WE ALSO PROVIDE REASONABLE ACCOMMODATION TO QUALIFIED INDIVIDUALS WITH DISABILITIES IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT AND APPLICABLE STATE AND LOCAL LAW.

If you require assistance or a reasonable accommodation to complete this application or any aspect of the application process, please contact a Fredericksburg Baseball, LLC Manager.

PERSONAL INFORMATION

Name _____ Date _____
 Street Address _____ Phone (_____) _____
 Apartment Number _____ Alternate (_____) _____
 City _____ Are you 16 years of age or older? * Yes * No
 State _____ Zip _____ Are you 18 years of age or older? * Yes * No
 E-Mail Address _____ Are you 21 years of age or older? * Yes * No

Are you currently legally authorized to work in the United States? * Yes * No

(The sole purpose of this question is to ensure compliance with laws governing unauthorized employment in the United States.)

In case of emergency, notify _____ Phone (_____) _____
 Address _____ City/State _____ Zip _____

EMPLOYMENT DESIRED

Hours Available

	SUN	MON	TUE	WED	THUR	FRI	SAT
FROM							
TO							

Are there any obligations or commitments which would prevent you from working the above hours? * Yes * No

If yes, please explain _____

If hired, when would you be able to start work? _____

Have you ever applied for a job with Fredericksburg Baseball, LLC or Potomac Baseball, LLC? * Yes * No

If yes, when and where did you apply? _____

Have you previously worked for Fredericksburg Baseball, LLC or Potomac Baseball, LLC? * Yes * No

If yes, when and where? From _____ To _____ Location _____

Why did you leave? _____

How did you learn about this job? * Newspaper Advertisement * Employee (Name) _____
 * Own Initiative * Other (Specify) _____

DESIRED POSITION(S):

Check any of the following areas in which you have experience or special skills:

- | | | |
|--|--|--|
| <input type="checkbox"/> Ushers | <input type="checkbox"/> Linescore Operator | <input type="checkbox"/> Box Office Sales |
| <input type="checkbox"/> Parking Lot Attendant | <input type="checkbox"/> Bat Boy | <input type="checkbox"/> Ticket Taker |
| <input type="checkbox"/> Team Store Attendant | <input type="checkbox"/> Stringer | <input type="checkbox"/> Mascot Handler |
| <input type="checkbox"/> Fan/Guest Services | <input type="checkbox"/> Manual Scoreboard Attendant | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Play Area Attendant | <input type="checkbox"/> Official Scorer | <input type="checkbox"/> Camera Operator |
| <input type="checkbox"/> Soundboard Operator | <input type="checkbox"/> DakStats Operator | <input type="checkbox"/> Videoboard Operator |
| <input type="checkbox"/> Instant Replay Operator | <input type="checkbox"/> Graphic Overlay Operator | <input type="checkbox"/> Grounds Crew |
| <input type="checkbox"/> Promo Crew | | |

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	TYPE OF DEGREE, DIPLOMA OR CERTIFICATION
College(s)					
High School					
Other (Include trade or vocational schools, licenses and certifications)					

Do you plan to return to school? * Yes * No If yes, when? _____ Where? _____

OTHER PERSONAL HISTORY

Have you ever been terminated (involuntarily) from any previous employer? * Yes * No

If your answer is "yes", please explain _____

JOB ABILITIES

Are you able, with or without accommodation, to perform the essential functions of the job for which you have applied? * Yes * No

If you would require reasonable accommodation to perform the functions of the job for which you have applied, how would you perform the essential job functions and with what accommodations? _____

EMPLOYMENT HISTORY

Starting with your current or most recent position, provide your complete employment history for the past 10 years. Account for all time, including full- and part-time employment, internships and self-employment and time spent in the military. Applicants may include in the work history any verified work performed on a volunteer basis, internship or military service. Even if you provided a resume, you must complete this section.

Dates of Employment: from _____ / _____ to _____ / _____
Month Year Month Year

Name of Employer _____ Phone (_____) _____

Your Position _____ Address _____

Supervisor's Name/Title _____ City/State _____ Zip _____

Previous Position (if any) _____ Briefly describe duties _____

Reason(s) for leaving? _____

Dates of Employment: from _____ / _____ to _____ / _____
Month Year Month Year

Name of Employer _____ Phone (_____) _____

Your Position _____ Address _____

Supervisor's Name/Title _____ City/State _____ Zip _____

Previous Position (if any) _____ Briefly describe duties _____

Reason(s) for leaving? _____

Dates of Employment: from _____ / _____ to _____ / _____
Month Year Month Year

Name of Employer _____ Phone (_____) _____

Your Position _____ Address _____

Supervisor's Name/Title _____ City/State _____ Zip _____

Previous Position (if any) _____ Briefly describe duties _____

Reason(s) for leaving? _____

Dates of Employment: from _____ / _____ to _____ / _____
Month Year Month Year

Name of Employer _____ Phone (_____) _____

Your Position _____ Address _____

Supervisor's Name/Title _____ City/State _____ Zip _____

Previous Position (if any) _____ Briefly describe duties _____

Reason(s) for leaving? _____

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

This section must be acknowledged and signed for your application to be considered.

I certify that the facts contained in this application (including any resume or other materials submitted by or for me) and statements made by me during any interviews are true, correct and complete. I understand that falsified, concealed or omitted statements pertaining to this application shall be grounds for rejection of my application for employment or termination of employment, no matter when discovered.

I authorize investigation of all statements contained herein and also authorize my present and former employers, and any references listed, to give Fredericksburg Baseball, LLC any and all information concerning my application in order to determine my qualifications for employment. I consent to being discussed by any person contacted by Fredericksburg Baseball, LLC and waive all rights to bring any action for defamation, invasion of privacy or any similar claim against anyone that provides information to the organization with a good faith belief that the information provided is true. I hereby authorize previous employers contacted by Fredericksburg Baseball, LLC in connection with this application to fully respond to all inquiries concerning such previous employment and specifically authorize the disclosure of my personnel record information, including disciplinary reports, letters of reprimand or other disciplinary action. I also authorize education institutions to release information relative to claimed degrees and achievements. I understand that any offer of employment may be rescinded if my references are inadequate or unacceptable. In consideration for Fredericksburg Baseball, LLC's review of my application, I hereby release all parties from any and all liability for damage that may result from furnishing and receiving any information relating to my application, to the greatest extent allowable by law.

I agree to submit to a drug and alcohol screening process as a prerequisite to employment, if requested, or if employed, at any time during my employment as a condition of continued employment. With respect to the drug and alcohol screening process, I hereby hold Fredericksburg Baseball, LLC harmless from any and all possible liability arising therefrom.

Fredericksburg Baseball, LLC is committed to compliance with the provisions of this nation's immigration laws regarding verification of employment eligibility. I understand that any offer of employment will be contingent upon my ability to provide legally sufficient documentation showing my eligibility to be employed by this organization. I understand that applicants or employees that present fraudulent documents for employment verification purposes will be terminated.

I understand and agree that, if hired, I will follow the policies, rules, regulations and procedures of Fredericksburg Baseball, LLC and that MY EMPLOYMENT IS AT WILL, AND THEREFORE, FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED BY Fredericksburg Baseball, LLC OR BY ME AT ANY TIME FOR ANY REASON, OR NONE, WITH OR WITHOUT PRIOR NOTICE. I further understand that this "at will" employment relationship cannot be changed by any written document or by conduct, unless my employment is covered by a collective bargaining agreement which provides otherwise, or if such change is specifically acknowledged in writing by the President and CEO of Fredericksburg Baseball, LLC. I also understand that completing this application does not indicate that there is a current job opening and does not obligate Fredericksburg Baseball, LLC to hire me and that nothing contained in this application or said to me during this employment process constitutes a guarantee of employment for any definite period of time. Furthermore, none of the employment manuals or handbooks that may be distributed to me during the course of my employment shall be construed as a contract.

If employed, I understand and agree that the organization retains the sole right in its business judgment to modify, suspend, interpret, or cancel, in whole or in part, at any time, with or without any notice, any published or unpublished policy, practice, procedure, process or benefit.

In the event of resignation or termination, I agree to return all property of Fredericksburg Baseball, LLC loaned to me, included but not limited to identification badges, uniforms and keys. I hereby authorize Fredericksburg Baseball, LLC to withhold from final compensation due me the value of any property of Fredericksburg Baseball, LLC that I fail to return at the time my employment ends, to the extent permitted by law.

Finally, I understand that during my employment with Fredericksburg Baseball, LLC, I may learn or develop confidential or proprietary information, including, but not limited to, trade secrets, technical data, marketing techniques, training materials, business methods, recipes and future plans. I hereby acknowledge and recognize Fredericksburg Baseball, LLC as the exclusive owner of such confidential information and agree that I will not, at any time, disclose such information to persons not employed by Fredericksburg Baseball, LLC. Furthermore, I agree that any work I prepare within the scope of my employment is considered the exclusive property of Fredericksburg Baseball, LLC.

Fredericksburg Baseball, LLC is also required by law to notify certain applicants that:

Smoking is prohibited in all indoor areas of Fredericksburg Baseball, LLC, unless designated smoking areas have been established by a particular office in accordance with applicable state and local law.

Date _____ Signature _____

Printed Name _____

Signature of Interpreter _____

Print Interpreter's Name _____

Please use additional sheets if necessary to add to any of your responses.