



DBH BINGHAMTON LLC

DBA Binghamton Rumble Ponies

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available to Start: _____ Position Applied for: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Availability							

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.?

If under 18 years of age, can you provide required proof of eligibility to work?
 YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, please list the dates of the conviction and an explanation below: _____

Do not include arrests or other charges that did not result in conviction. A record of conviction or traffic offenses does not automatically disqualify you from employment consideration. Our team, will consider all relevant circumstances, including date of conviction, nature of offense, evidence of rehabilitation, and position applied for. Failure to answer this question truthfully could result in termination of employment or revocation of any offer of employment

Relevant Skills

Name of Skills (i.e. cash register, computer programs, customer service, etc.):	Years Used:	Basic, Proficient, or Expert?



References

Name	Phone Number	Email

Pre-Employment Statement

(Please read carefully and sign below)

I understand and voluntarily agree to the following

- 1. The information that I have provided on this form is true and complete to the best of my knowledge. Any misrepresentation or omission of any material fact in my form, resume or any other materials, or during any interviews, will be grounds for refusal of employment, or, if I am employed, immediate termination will result.*
- 2. I understand that this is not an application of employment and that after the season the team will no longer keep this on file. Should I be interested in employment after this season I will need to re-apply.*
- 3. Any offer of employment I may receive from the Team is contingent upon my successful completion of the Team's total pre-employment screening process, including receipt of references that it considers satisfactory.*
- 4. I authorize all of my present and former employers, education institution, and those individuals I have listed as personal references to furnish information about my employment record, including a statement of reason for the termination of employment, and I hereby release them from any and all liability for damages arising from furnishing the requested information.*
- 5. I understand that, as a condition of employment the Team may conduct a Criminal Record Check-except where prohibited by state or local law. By signing this document, I authorize the Team to initiate such an investigation for the purpose of determining my suitability for employment at the Team.*
- 6. I also understand that the Team is an Equal Opportunity Employer committed to maintaining a workplace free from unlawful discrimination.*
- 7. I understand that employment at the Team is At-Will. If I join the Team, I do so voluntarily and I may resign at any time and for any reason. Similarly, the Team may release me whenever it believes it is in the best interest to do so, with or without cause and with or without notice, including when required because of reorganization and or economic conditions.*
- 8. I understand that this form will be kept on file for no more than three months from the date it was made.*
- 9. I understand that although Management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule, or a work schedule other than Monday through Friday particularly in operations.*
- 10. All persons who are offered employment with the team and who are "disabled" as defined in the Americans with Disabilities Act ("ADA") or in applicable state statutes are invited to inform the Team of any reasonable accommodation(s) they may need in order to perform the essential functions of the position which they are offered*

Signature: _____ Date: _____
 (Your signature indicates that you have read and understand items 1 through 10 above.)