

2025 BOTSpitality Team (Game Day Staff) Application

Please complete the form below to apply for a position with the Otterbots! Danville Baseball Club, LLC is an equal opportunity employer. They comply with all State, Federal and other laws concerning discrimination in employment. No question on this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. Danville Baseball Club, LLC is a Drug-Free Workplace.

First:	Middle:		Last:
Birth Month:	Day:		Year:
Phone:	Email:		
Current Street Address:			
Street Address Line 2 (if applicable):			
City:		State:	Zip Code:
Are you legally eligible for employment in this country? (Y/N):			
Do you have a current driver's license or ID? (Y/N):			



How did	vou hear	about us?	Check b	oxes that	apply)):

I was a member of the 2024 BOTSpitality Team		
I saw you at a job fair		
I saw a post on social media		
I received an email alert		

If you were a member of the 2024 BOTSpitality Team, please list positions held:

Which positions are you interested in? (Select all that apply):

Concessions Cashier	
Concessions Runner	
Cook / Grill Master	
VIP Server (18+)	
Bartender (18+)	
Box Office Assistant / Ticket Seller	
Ticket Taker	
Fan Experience Representative / Usher	
Team Store Associate	
Hype (Promotions) Team	
Kid's Zone Attendant	



Why do you want to be a member of the	BOTSpitality Team?:	
	s, skills, licenses and/or certificates, or prior experience related functions in the position(s) for which you	
What does "fun" mean to you?:		
Highest level of education completed:		
Name of School:	City & State of School:	
Years completed:	Did you graduate? (Y/N)	
Degree or diploma earned:		



Prior work experience:

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Name of Business:	N	Name of Manager:	
City & State:		Dates of Employment:	
Contact Phone number: Alter		te Contact (if applicable):	
Position & Responsibilities:			
Name of Business:	N	Name of Manager:	
City & State:	D	Dates of Employment:	
Contact Phone number: Alte		lternate Contact (if applicable):	
Position & Responsibilities:			



Name of Business:		Name of Manager:
City & State:		Dates of Employment:
Contact Phone number:	Alterr	nate Contact (if applicable):
Position & Responsibilities:	·	
	prior to any	d accurate, and that you understand that you may be start date. If you have any questions regarding this 554-4487.
Signature:		
Printed Name:		-
Date:		



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