



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

TODAY'S DATE: ____ / ____ / ____

PERSONAL INFORMATION

Last Name _____ First Name _____

Street Address _____

City _____ State/Zip Code _____

Phone _____

Email _____

EMPLOYMENT DESIRED

<input type="checkbox"/> Box Office	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Security	<input type="checkbox"/> EMT
<input type="checkbox"/> Event Staff	<input type="checkbox"/> Concessions	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Press Box	<input type="checkbox"/> Intern

ARE YOU EMPLOYED?

Yes No Date You Can Start: _____
Desired Salary \$: _____

Fill in the Times Available to Work Under the Days of the Week

Monday	Tuesday	Wednesday	Thursday
_____	_____	_____	_____
Friday	Saturday	Sunday	
_____	_____	_____	

EDUCATION HISTORY

Name And Location Of School	Years Attended	Did You Graduate? Year?
High School		
College		
Trade, Business or Correspondence School		

GENERAL INFORMATION – Tell Us More About You. List Any Hobbies, Interests And Extracurricular Activities

GENERAL INFORMATION – Tell Us What makes you a great fit for Skylands Stadium.

FORMER EMPLOYERS – List Below Your Last Two Employers, Starting With Last One First

Date-Month-Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				

REFERENCES – List Below The Names Of Two People, Not Related To You, Whom You Have Known At Least One Year.

Name	Phone Number	Years Known	Business

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state Laws."

Date _____ Signature: _____

THANK YOU FOR APPLYING AT SKYLANDS STADIUM. YOUR APPLICATION WILL BE REVIEWED BY MANAGEMENT.

FOR INTERNAL USE

INTERVIEW SCHEDULED: YES NO

DATE OF INTERVIEW _____

REMARKS _____