



Application for Employment

An Equal Opportunity Employer

(This application for Employment will be inactive after 90 days. If you want to be considered after that time, you must complete a new application.)

Are you 16 years of age or older? Yes ___ No ___

If yes, please complete the employment application. If no, please do not complete the employment application. Belleville Sportsplex does not hire associates under 16 years of age.

This box is for OFFICE USE ONLY

Date application received _____

Manager received by _____

Personal Information

Date ___/___/___

Name _____

Address _____

Home Phone Number _____ Cell Phone Number _____

If you are hired, can you supply the required documentation to verify your lawful right to work in the United States? Circle one: YES NO

Work/ School Schedule

What type of employment do you want? Circle One: Concession Front Desk Maintenance
Day Camp Janitorial Other: _____

Can you work a flexible schedule? Circle One: YES NO

Do you have reliable transportation? YES NO

Are you on lay-off or reject to recall? YES NO

Does your school schedule prevent you from working evening hours? YES NO

Can you work nights and weekends? YES NO

Have you ever been convicted of a felony? YES NO

Have you ever been convicted of a misdemeanor? YES NO

Have you ever worked with children? YES NO

If yes please explain _____

Do you have any relatives that work for The Belleville Sportsplex? YES NO

If yes, please name them _____

How did you hear about our employment opportunities? Employee Referral : _____

Walk – in Newspaper

Employment History

Company	Telephone Number	Your Position
Address	Duties	Additional Info
Supervisor & Title	Starting Date	Starting Rate/Hr
Reason for leaving	Ending Date	Ending Rate/Hr

Company	Telephone Number	Your Position
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Supervisor & Title	Starting Date	Starting Rate/Hr
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Education

High School (Name & Address)	G.P.A.	Dates Attended:	Graduate?	Major:
College (Name & Address)	G.P.A.	Dates Attended:	Graduate?	Major:
Trade School (Name & Address)	G.P.A.	Dates Attended:	Graduate?	Major:

References

Name	Occupation	Years Known	Telephone Number
Name	Occupation	Years Known	Telephone Number
Name	Occupation	Years Known	Telephone Number

Emergency Information (In case of emergency, please notify)

Name: _____	Telephone Number: _____
Relationship: _____	Cell Phone Number: _____
Address: _____	

Applicant's Statement

I authorize The Belleville Sportsplex LLC. to verify my past employment and education, criminal records, motor vehicle records, personal references and other job related data provided on this application or via interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information and I release all parties from liability as a result of such inquiries or disclosures. I understand that dales or misleading statements on this application or concealment or requested facts may be considered cause for disqualification or termination.

I hereby and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Belleville Sportsplex LLC. if of an "at will" nature which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of The Belleville Sportsplex LLC. Also, I understand that nothing in the employment application, in The Belleville Sportsplex LLC.'s statement or my communications with any officials from The Belleville Sportsplex LLC is intended to create an employment contract between The Belleville Sportsplex and me.

Applicant Name _____ Applicant Signature _____ Date _____