GARY SOUTHSHORE RAILCATS EMPLOYMENT APPLICATION

PERSONAL INFORMAT	ION:							
Full Name:	Today's Date:							
Current Address:								
			Zip Code:					
E-Mail Address:								
Date You Can Start:		Do You Have Your Own Transportation?						
Total hours available per wee	k: Hours	Available: M	T . V	V R	F Sa	Su		
Are you legally able to be employed in the U.S.? Yes/No		FROM: TO:						
Are you 16 years of age or old	der? Yes/No	10.						
How did you hear about this	opportunity?							
How far do you live from the	ballpark?							
Are you currently employed?	Yes/No If so, may we conta	ct your current emp	oloyer? Yes/No					
	EST: (All positions are part ly with a number (1, 2, 3) b		•	desired posit	tion:			
☐ Money Counters	☐ Ushers/Parking	☐ Cleaning	g Crew	□Bat	t Boy/Girl			
☐ Ticket Seller	☐ Merchandise	☐ Audio/V	'isual	☐ Mascot				
☐ Ticket Taker								
FOOD & BEVERAGE:								
☐ Cashier	☐ Suite Attendant	ant Runner/Porter Dishwasher						
☐ Line Cook	☐ Bartender							
SCHOOL MOST RECEN	TLY ATTENDED:							
Name:	Street A	Address:						
City:	State:	_ Zip:	_ Phone:					
Teacher or counselor we ma	y contact as reference:			Dept.:				
Last grade completed:	GPA: _	/	Graduated?	Yes/No Cu	rrently Enrolled?	? Yes/No		
EMPLOYMENT HISTOR If not applicable, list work	k Y: k performed on volunteer ba	ısis or personal ı	references					
1.) Company:	Stre	et Address:						
City:		State	e:	Zip:		Phone		
Position held:			Dates	s worked - Fro	m:	To		
Rate of pay:	Reason for leavi	ng:						

EMPLOYMENT HISTORY (Continued):

If not applicable, list work performed on volunteer basis or personal references

2.) Company:		Street Address:	:						
City:			_ State: _	Zip:	Phone:				
Position held:				Dates worked - From:	To:				
Rate of pay:	Reason fo	r leaving:							
3.) Company:		Street Address:	:						
City:			_ State: _	Zip:	Phone:				
Position held:				Dates worked - From:	To:				
Rate of pay:	Reason fo	eason for leaving:							
REFERENCES:									
1.) Name:		Street Address:							
City:	State:	Zip:	Ph	one:					
Relationship:			Years Acqu	uainted:					
2.) Name:		_ Street Address	s:						
City:	State:	Zip:	Phone:						
Relationship:			Years Acquainted:						
3.) Name:		_ Street Address	s:						
City:	State:	Zip:	Ph	one:					
Relationship:			Years Acquainted:						
Have you ever been convicted Note: no applicant will be denied e fense, the surrounding circumstan If yes, please explain:	mployment solely on the grou ces and the relevance of the o	unds of a conviction ffense to the positio	n of a crimina on(s) applied	l offense. The nature of the offense, the for may, however, be considered.	e date of the of-				

AUTHORIZATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for denial of my employment or dismissal whenever discovered.

I have authorized investigation of all statements contained herein and the references listed above to give any and all pertinent information, and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that if I am offered employment by Salvi Sports Enterprises, LLC dba Schaumburg Boomers, it will be for indefinite term and on an "at-will" basis. This means that the employment relationship may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

SIGNATURE: _____ DATE: _____