

Arena Sports Employment Application

Personal Information

Date: _____

Legal Name		
Last	First	Middle
Social Security Number	- -	Date of Birth
Address of Residence		
.....		
.....		
Home Phone	Other Phone	
Referred by	Relation	

Employment

Position Desired	Start Availability		
Salary Desired	Are you currently employed?	Yes	No
If so may we inquire your present employer?	Yes	No	
Have you ever applied to Arena Sports before?	Yes	No	
Which location?	When?		

Education

List School, Degree, attending or level completed
.....
.....
.....
.....

Arena Sports Employment Application (Continued)

Additional Training and Activities

Include Classes, Seminars, Training Certificates, Professional Licenses, Civic Organizations, Athletics, etc.

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Experience

Please list previous jobs or related experience with the most recent listed first. Include the employment start and finish date, employer and contact information, position, salary and reason for leaving.

Company **Address**

Phone **Position**

Dates worked **Salary**

Reason for Leaving

Company **Address**

Phone **Position**

Dates worked **Salary**

Reason for Leaving

Company **Address**

Phone **Position**

Dates worked **Salary**

Reason for Leaving

Please answer the following questions:

Why do you want to work for Arena Sports?

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What are your available hours?

What personal qualities do you think are necessary to be successful at this job?

What have you done that you are proud of?

What do you find difficult to do?

How did previous employers get the best out of you?

Please list any other information you would like us to know:

References

Please include relationship to you, years known and contact information

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

I certify that the facts contained in the 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 all the 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.

Signature _____

Date _____