

S I O U X C I T Y

# **EXPLORERS**

## **JOB APPLICATION FORM**

**PERSONAL INFORMATION**

Full Name. ....

Address ..... City ..... State ..... Zip.....

Phone ..... Email .....

Can you work ALL Home Games?     Yes     No    If No, what games will you miss? .....

Are you at least 16 years old?     Yes     No

Do you have dependable transportation?  Yes     No

Have you been convicted of a felony?     Yes     No    If yes, what was the nature of the offense and when? .....

**EDUCATIONAL BACKGROUND**

From	To	School Name	City	Grade	Year of Grad
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

**EMPLOYMENT HISTORY**

Company	Position	From	To	Do you still work here?
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**DEPARTMENT OF CHOOSING (PLEASE PICK 3 AT MOST)**

<input type="checkbox"/> Team Shop	<input type="checkbox"/> Promotions Team	<input type="checkbox"/> Video Crew
<input type="checkbox"/> Usher	<input type="checkbox"/> Ticket Taker	<input type="checkbox"/> Mascot
<input type="checkbox"/> Parking	<input type="checkbox"/> Box Office	<input type="checkbox"/> Concessions

**PLEASE READ THE FOLLOWING**

I hereby certify that the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements, representations or omissions made by me on this application, any supplement, or resume, will be sufficient grounds for rejection of this application or discharge from employment. I also hereby authorize the Sioux City Explorers to obtain information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and that the employers reserve the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no representative of the employers, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that employers will not refuse to hire a qualified individual with a disability simply because of that person's need for a reasonable accommodation as required by the Americans with Disability Act.

If I am hired, I understand that I will be required to provide proof of identity and authorization to work. My signature below acknowledges that I have read the foregoing and that I agree to the above-stated terms.

Signature ..... Date.....