

# Doodlebug Sportz Employment Application

Programs, services and employment are equally available to everyone. Please inform management if you require reasonable accommodation for the application or interview.	Date of Interview (Month/Day/Year) /       /
<b>Applicant Data</b>	Position Applied for:
How were you referred to us:	

## Personal Information

Full Name		Social Security No.		
Address		City	State	Zip
Home Phone	Cell Phone	Email		
Date Available to Start:		Salary Requirements:		
Are you a citizen of the United States?    Yes    No		If not, are you legally allowed to work in the United States?    Yes    No		
Have you ever pleaded guilty, no contest or been convicted of a crime?    Yes    No    If yes, give dates and details:				

## Education History

	Name & Location of School	Years Attended	Did you Graduate?	Major
High School				
College				
Other				

## Previous Employment

From ___/___/___ to ___/___/___		Position(s) Held:		
Company Name:		Address:		
Phone:	Supervisor:	Position:		
Responsibilities:				
Salary:	Reason for Leaving:			
From ___/___/___ to ___/___/___		Position(s) Held:		
Company Name:		Address:		
Phone:	Supervisor:	Position:		
Responsibilities:				
Salary:	Reason for Leaving:			
From ___/___/___ to ___/___/___		Position(s) Held:		
Company Name:		Address:		
Phone:	Supervisor:	Position:		
Responsibilities:				
Salary:	Reason for Leaving:			

**References** List three people not related to you, whom you have known at least one year

Name	Phone	Relationship	Years Known

**General**

Summarize Your Special Skills or Qualifications

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_