

Application for Employment

Sports Village Operating I, LLC

An Equal Opportunity Employer

Position Applying for:

Earnings Desired:\$

Name:	Home #:
Current Address:	Cell #:
Previous Address:	Email:
Is there anything preventing you from being lawfully employed in the United States? [] Yes [] No	
Are you 18 years of age or older? [] Yes [] No	
Have you ever worked or attended school under a different name? [] Yes [] No	
Have you ever applied here before? If yes, when? [] Yes [] No	
Have you ever been employed here before? If yes, when? [] Yes [] No	
Do you have any relatives currently employed here? If yes, please list: [] Yes [] No	
Do you have any limitations that would prevent you from performing the duties of the position you are applying for? If yes, explain: [] Yes [] No	
Have you ever been convicted of an offense other than a minor traffic violation? (DUI convictions are Not minor and must be reported.) [] Yes [] No	
Have you ever been convicted of a felony? [] Yes [] No	
Have you ever been convicted of a sex-related offense? [] Yes [] No	
Have you ever been convicted of a drug-related offense? [] Yes [] No	
Have you ever been convicted for an act of violence, including domestic violence? [] Yes [] No	

Type of School	Name and Location	Did you Graduate?	Degree
High School		[] Yes [] No	
Trade School or Junior College		[] Yes [] No	
College or University		[] Yes [] No	
Graduate School		[] Yes [] No	
Military or Other		[] Yes [] No	

Employment History #1	Employment History for the last 5 years. Start with the most recent.			
	Employer		Phone #	
	Address		Start Date (mo/yr)	
			End Date (mo/yr)	
	Supervisor Name Contact #		Starting Pay	
			Ending Pay	
	May we contact this person?	[] Yes [] No		
	Title or Position			
Duties and Responsibilities:				
Reason for leaving:				

Employment History #2				
	Employer		Phone #	
	Address		Start Date (mo/yr)	
			End Date (mo/yr)	
	Supervisor Name Contact #		Starting Pay	
			Ending Pay	
	May we contact this person?	[] Yes [] No		
	Title or Position			
Duties and Responsibilities:				
Reason for leaving:				

Employment History #3				
	Employer		Phone #	
	Address		Start Date (mo/yr)	
			End Date (mo/yr)	
	Supervisor Name Contact #		Starting Pay	
			Ending Pay	
	May we contact this person?	[] Yes [] No		
	Title or Position			
Duties and Responsibilities:				
Reason for leaving:				

References* <small>* Do not include family members or people who live with you.</small>	Name	Address	Phone #	Occupation	Years Known

Important. Please read carefully and sign below.	
I certify the information contained in the application is true and complete to the best of my knowledge. Any misrepresentation or omissions of any fact in my application can be justification for refusal of employment or if employed ground for termination.	
I authorize the company to investigate all statements contained in this application and release all parties from any liability for any damage that may result.	
I understand that my employment may be terminated with or without cause or notice, at any time, at the discretion of either the company or myself.	
Signature: X _____ Date: _____	