



Equipment Operator

Application for Employment

Today's Date:

Name:
Present Address:
City, State, Zip:
Home Phone:
Email:

Perment Address:

City, State, Zip:

Cell Phone:

Are you over 18 years of age? Yes ☐ No ☐

If you are under 18 years of age, do you have a work permit for this position, if required by law? Yes ☐ No ☐

Do you have a valid drivers license? Yes ☐ No ☐

Have you ever been convicted of a crime (other than minor traffic violations)? Yes ☐ No ☐

If yes, please explain. _____

In emergency notify: _____

How were you referred to the National Sports Center? _____

Placement Information

Position Applying for: _____

Full-Time ☐ Part-Time ☐ Seasonal ☐

Hours per week: Least _____ Most _____

Please list days available:

Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Please list hours available (AM / PM):

Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

When could you start? _____

Do you have outside activities which would keep you from working the hours you have listed? Yes ☐ No ☐

If yes, please explain. _____

For office/clerical positions, please complete the following:

List your computer experience:

EDUCATION

Name of School	Years Completed	Graduated (Yes / No)	Avg. Grade
High School or GED			
Business or Trade School			
College/University			
Other			

WORK HISTORY (Do not skip any positions)

Present or last position held

Company Name & Address	Supervisor's Name & Phone	Your Job Title & Responsibilities
Date Started / Date Ended	Last Pay Rate	Reason for Leaving

Position previous to above

Company Name & Address	Supervisor's Name & Phone	Your Job Title & Responsibilities
Date Started / Date Ended	Last Pay Rate	Reason for Leaving

Position previous to above

Company Name & Address	Supervisor's Name & Phone	Your Job Title & Responsibilities
Date Started / Date Ended	Last Pay Rate	Reason for Leaving

May we call or write your present supervisor? Yes ♦ ☐ No ♦ ☐

Please add any other notes you think would be important for us to know:

IMPORTANT—PLEASE READ BEFORE SIGNING

The facts set forth in my application are true and complete. I understand that any false statement, or concealment or failure to answer any question fully and accurately shall be grounds for termination regardless of length of employment.

Signature of Applicant _____ Date _____