



654 York Rd.  
 Warminster, PA 18974  
 267.282.4088  
 www.smgsportsplex.com

## EMPLOYMENT APPLICATION

Date of application: \_\_\_\_\_

**PERSONAL INFORMATION:** (Please print clearly)

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Birthdate \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Are you over 18 years of age? Yes No (if no, a work permit will be required)

**IN CASE OF EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**AVAILABILITY:**

Are you legally able to be employed in this country?  Yes  No (if hired, verification will be required by law)

What type of position are you seeking?  Part Time  Full Time  Seasonal  Temporary

Please list your hours of availability here:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From							
To							

Total hours available per week \_\_\_\_\_  
 Date Available to start work \_\_\_\_\_

Have you been convicted\* of a felony within the last 7 years?  Yes  No  
 (conviction will not necessarily disqualify an applicant from employment)

**SCHOOL MOST RECENTLY ATTENDED:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

Teacher or Counselor \_\_\_\_\_ Last Grade Completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Graduated?  Yes  No Date \_\_\_\_\_ Now enrolled?  Yes  No

Sports or Activities? \_\_\_\_\_

**MOST RECENT EMPLOYMENT:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_

Wage \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Mgmt. ref. ck. done by \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_

Wage \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Mgmt. ref. ck. done by \_\_\_\_\_

**REFERENCES:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_