**SHARKS SPORTS & ENTERTAINMENT**



**APPLICATION FOR EMPLOYMENT**

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| As an EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER/AFFIRMATIVE ACTION EMPLOYER, Sharks Sports & Entertainment does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex (except where sex is a bona fide occupational qualification) or on any other basis prohibited by law. Furthermore, Sharks Sports & Entertainment will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, or a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by Sharks Sports & Entertainment for the job. |

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| **PERSONAL INFORMATION** | DATE |
| NAME (Last) (First) (Middle) | HOME PHONE NUMBER |
| ADDRESS (Street) | CELL PHONE NUMBER |
| (City) (State) (Zip Code) | WORK PHONE NUMBER |
| EMAIL ADDRESS | |
| Are you 18 years of age or older?  YES  NO (If no, proof of eligibility to work will be required) | |

**TYPE OF POSITION DESIRED**

|  |  |  |  |
| --- | --- | --- | --- |
| Position Applying For: | | Full-Time  Part-Time | Wage Expected: |
| Date Available to Start: | | | |
| Have you ever worked for the Sharks or SAP Center before?  YES  NO | If yes, when and where? | | |
| Have you ever applied to the Sharks or SAP Center before?  YES  NO | If yes, when and where? | | |
| To comply with the Immigration Reform and Control Act of 1986, if you are hired, you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire, or upon your first work day if your employment period will be less than three (3) days. | | | |
| How were you referred to Sharks Sports & Entertainment? | | | |
| Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? *(If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)*  YES  NO | | | |
| Are you willing to take a physical exam at our expense if the nature of the job requires one?  YES  NO | | | |
| Have you been convicted of a felony in the last 7 years?  YES  NO  (Convictions for marijuana-related offenses that are more than two years old need not be listed)  If yes, please explain (Included Where, When, Charge, Sentence): | | | |

**EDUCATION, TRAINING AND EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Level | School Name & Location (City, State or City,Country) | Number of Years Completed | Graduated? | Degree/Diploma |
| High School |  |  | YES  NO |  |
| College |  |  | YES  NO |  |
| Other |  |  | YES  NO |  |
| Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at our company? If so, please explain: | | | | |

**EMPLOYMENT HISTORY**

Please use the space below to enter information about your previous employment for the last 10 years and account for all periods of unemployment. Please start with your most recent employer first. If you need additional space, please feel free to attach an additional page. ***COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.***

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| --- | --- | --- | --- |
| Employer’s Name: | Address (Street, City, State, Zip Code): | Start Date: | Leaving Date: |
| Job Title: | Supervisor’s Name and Title: | Starting Salary: | Final Salary: |
| May we contact your supervisor as a reference?  YES  NO | Supervisor’s Phone Number: | Reason for Leaving: | |
| Description of Work: | | | |

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| --- | --- | --- | --- |
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| May we contact your supervisor as a reference?  YES  NO | Supervisor’s Phone Number: | Reason for Leaving: | |
| Description of Work: | | | |

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| --- | --- | --- | --- |
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| Job Title: | Supervisor’s Name and Title: | Starting Salary: | Final Salary: |
| May we contact your supervisor as a reference?  YES  NO | Supervisor’s Phone Number: | Reason for Leaving: | |
| Description of Work: | | | |

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| --- | --- | --- | --- |
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| Job Title: | Supervisor’s Name and Title: | Starting Salary: | Final Salary: |
| May we contact your supervisor as a reference?  YES  NO | Supervisor’s Phone Number: | Reason for Leaving: | |
| Description of Work: | | | |

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| --- | --- | --- |
| Please explain any lapse in employment of 4 months or more during the past 5 years | | |
| **From** | **To** | **Reason for Unemployment** |
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**MILITARY SERVICE**

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| Have you obtained any special skills or abilities as a result of service in the military?  YES  NO  If so, describe: |

**CERTIFICATE OF APPLICANT (Please read carefully before signing)**

This application shall only remain active for 90 days. After 90 days, if you are still interested in employment at Sharks Sports & Entertainment, you must fill out a new application.

I understand that any omission or misstatement of material fact on this application or on any document used to secure employment will be grounds for rejection of this application or for immediate discharge if I am employed.

I hereby authorize Sharks Sports & Entertainment to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my references to disclose to the company any other information related to my work records. In additional, I hereby release Sharks Sports & Entertainment and its contractors, my former employers and all other persons, and associates from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I agree that such arbitration will be conducted under the rules of the American Arbitration Association.

I understand that nothing contained in the application, or conveyed during any interview is intended to create an employment contract between Sharks Sports & Entertainment and myself. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the company or myself.

APPLICANT’S SIGNATURE DATE

PRINTED NAME