SOCCER 2000 APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

Position(s) Applied for						Date of Application					
Print	Name (Last, Fir	st, & Middle)									
Street Address					Cit	У		State	Zip Code		
Cell Phone Number Alternate Phone Number				ımber	Em	nail					
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	YMENT EXPERIENG list the name		ent or previous	employe	er. If s	elf-emplove	d. give firi	m name	and supply b	usines	
refere		, , , , , , , , , , , , , , , , , , ,	μ				-, 8				
Name of Employer					Supervisor			May we contact?			
								☐ Yes [□ No		
Stree	t Address			·							
Phone Number					Dates	Employed (N	∕lonth/Yea	r)			
					From			То			
Job Title and Duties					Reason for Leaving						
GENERA	AL INFORMATION										
		are you availal	ole to begin wor	·k?						busines	
2.	Days/Hours a	vailable to wor	k:								
	Monday	Tuesday	Wednesday	Thursda	эу	Friday	Satur	day	Sunday		

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ur educational backgro	und in the tabl		٧.			
chool Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major		Specialized Training, Skills, or Extra- Curricular Activities	
ressional References ersonal or professional i	references					
	Relationship ar	nd Years Acquain	ited	Phone Number or Email		
	ur educational backgro hool Name ESSIONAL REFERENCES ersonal or professional	ur educational background in the table hool Name FESSIONAL REFERENCES ersonal or professional references	ur educational background in the table provided below hool Name Years Completed (Yes/No) FESSIONAL REFERENCES ersonal or professional references	ur educational background in the table provided below. hool Name Years Completed (Yes/No) Area of (Yes/No)	hool Name Years Completed Diploma/ Degree (Yes/No) Area of Study/Major (Yes/No) FESSIONAL REFERENCES Personal or professional references	

Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

Legal Disclaimer: This document is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.