

**APPLICATION FOR EMPLOYMENT****SPORTSVILLE, LLC**

37500 CENTER RIDGE RD., NORTH RIDGEVILLE, OHIO 440-327-3040

Tel: 440-327-3040 E-Mail: Info@SportsVilleOhio.com

**PERSONAL INFORMATION**

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
**Last Name** **First Name** **Middle**

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
**Address** **City** **State** **Zip Code**

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
**Home Phone** **Cell Phone** **Email**

**Are you authorized to work in the United States?**  **Yes**  **No**

(Upon employment you will be required to submit verification on your legal right to work in the United States.)

**Have you ever been convicted of a felony or convicted of a misdemeanor resulting in imprisonment?**  **Yes**  **No**If yes, give a brief description \_\_\_\_\_  
\_\_\_\_\_**Are you 18 years or older?**  **Yes**  **No**

(If under 18 applicants will be required to submit a birth certificate or work permit as required by the State of Federal Law.)

**Do you have a valid Ohio driver's license?**  **Yes**  **No** If yes, please list license number \_\_\_\_\_**Do you own or have access to a car in order to get to work on a regular basis?**  **Yes**  **No****If your application is considered favorably, on what date you will be available for work?** \_\_\_\_\_**INDICATE HOURS AVAILABILITY FOR WORK ( Leave blank if you have no time restrictions. Use AM and PM notations for time )**

| Monday         | Tuesday        | Wednesday      | Thursday       | Friday         | Saturday       | Sunday         |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Earliest Time: | Earliest Time: | Earliest Time: | Earliest Time: | Earliest Time: | Earliest Time: | Earliest Time: |
| Latest Time:   | Latest Time:   | Latest Time:   | Latest Time:   | Latest Time:   | Latest Time:   | Latest Time:   |

**PLANNED DATES NOT AVAILABLE FOR WORK**

|            |            |
|------------|------------|
| From – To: | From – To: |
| From – To: | From – To: |
| From – To: | From – To: |

**EDUCATION**

| School Name | Location | Years Attended | Degree/Diploma |
|-------------|----------|----------------|----------------|
|             |          |                |                |
|             |          |                |                |
|             |          |                |                |
|             |          |                |                |

**OTHER EXPERIENCE , TRAINING, CERTIFICATIONS, Etc.**

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY ( Please list the most recent )**

|   |  |                                  |
|---|--|----------------------------------|
| _____<br><b>NAME OF EMPLOYER</b>        | _____<br><b>DATE OF EMPLOYMENT (FROM – TO)</b> | <b>DESCRIBE DUTIES PERFORMED</b> |
| _____<br><b>ADDRESS</b>                 | _____<br><b>POSITION</b>                       |                                  |
| _____<br><b>CITY / STATE / ZIP CODE</b> | _____<br><b>POSITION</b>                       |                                  |
| _____<br><b>WORK PHONE</b>              | _____<br><b>POSITION</b>                       |                                  |
| _____<br><b>TYPE OF BUSINESS</b>        |  |                                  |
| _____<br><b>NAME OF SUPERVISOR</b>      |  |                                  |

|   |  |                                  |
|---|--|----------------------------------|
| _____<br><b>NAME OF EMPLOYER</b>        | _____<br><b>DATE OF EMPLOYMENT (FROM – TO)</b> | <b>DESCRIBE DUTIES PERFORMED</b> |
| _____<br><b>ADDRESS</b>                 | _____<br><b>POSITION</b>                       |                                  |
| _____<br><b>CITY / STATE / ZIP CODE</b> | _____<br><b>POSITION</b>                       |                                  |
| _____<br><b>WORK PHONE</b>              | _____<br><b>POSITION</b>                       |                                  |
| _____<br><b>TYPE OF BUSINESS</b>        |  |                                  |
| _____<br><b>NAME OF SUPERVISOR</b>      |  |                                  |

**REFERENCES**

| NAME | TITLE | COMPANY | PHONE |
|------|-------|---------|-------|
|      |       |         |       |
|      |       |         |       |
|      |       |         |       |

**ACKNOWLEDGEMENT AND AUTHORIZATION**

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**