

Application for Employment

Union Sports Arena



Personal Information

Full Name:

Address: City: State: Zip Code:

Cell Phone Number: Email:

Are you legally authorized to work in the United States?: Yes ☐ No ☐

Are you 18 years old or older?: Yes ☐ No ☐ If not, are you at least 16?: Yes ☐ No ☐

Employment Desired

Position(s) applying for (check all that apply):

☐ Skate Guard ☐ Skate Rental ☐ Desk ☐ Cafe ☐ LTS Instructor

☐ Zamboni Driver ☐ Maintenance ☐ Coach ☐ Other:

Available start date: End date (if any): Hours per week desired:

Employment type: ☐ Full time ☐ Part time ☐ Seasonal ☐ Temporary

Have you ever worked for this business before?: Yes ☐ No ☐ If yes, when?:

Will you have reliable transportation to and from the rink for your scheduled shifts? Yes ☐ No ☐

Availability (check every block you can regularly work)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

Availability notes (school, sports, holidays, other jobs):

Skating ability: ☐ None ☐ Recreational ☐ Competitive / Hockey

Certifications (check all that apply):

☐ CPR / First Aid / AED ☐ LTS-USA Instructor ☐ Food Handler / ServSafe ☐ Valid driver's license

Have you ever been dismissed, or asked to resign from any position? Yes ☐ No ☐

If yes, please explain:

Answering "yes" to this question does not constitute an automatic rejection for employment. The circumstances, how long ago it occurred, and the position applied for will be considered.

Previous Employment (Begin with most recent position)

Name of Employer:				
Dates of Employment:	From:		To:	
Position(s) Held:				
Supervisor Name:		Phone Number:		
Reason for Leaving:				
May we contact this employer for a reference?	Yes	☐	No	☐

Name of Employer:				
Dates of Employment:	From:		To:	
Position(s) Held:				
Supervisor Name:		Phone Number:		
Reason for Leaving:				
May we contact this employer for a reference?	Yes	☐	No	☐

References (not family — a teacher, coach, or former employer)

Name:		Relation:		Phone:		Email:	
Name:		Relation:		Phone:		Email:	

Education History

School	Name of School and Location	Years Attended	Graduation Date
Grammar School			
High School			
College		Degree	

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of applicant:		Date:	
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