

Maloof Sports & Entertainment
Application for Employment
(Incomplete applications will not be considered)

Please Print

Date Last Name First Name Middle Name
Present Address:

No. & Street City State Zip
Permanent Address (if different from present address):

No. & Street City State Zip

(_____) _____ (_____) _____
Business Phone Home Phone Social Security Number

Employment Desired

Position applying for: _____ Full-time or part-time: _____

Days and hours you are able to work: _____

Salary desired: _____ Are you available to be on call? Yes No

Personal Information

Have you ever applied to or worked for Maloof Sports & Entertainment before? Yes No

If yes, when, what position? _____

Do you have any other experience; training, qualifications or skills that you feel make you especially suited for work at Maloof Sports & Entertainment? Yes No

If so, please explain: _____

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe: _____

Do you have any friends or relatives working for Maloof Sports & Entertainment? Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Maloof Sports & Entertainment? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)

Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you **ever** been convicted of a criminal offense **felony or misdemeanor**? (including serious traffic convictions, such as Driving Under the Influence. Convictions for marijuana-related offenses that are more than two years old need not be listed.)

Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

Date	Location	Nature of Crime	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School	Name & Address	No. of years Completed	Did you Graduate	Degree or Diploma
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____	_____		_____
	Address _____	City _____	State _____	Zip _____
College/ University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____	_____		_____
	Address _____	City _____	State _____	Zip _____
Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____	_____		_____
	Address _____	City _____	State _____	Zip _____

Employment History: List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

_____ (____) _____			
Name of Employer	Telephone No.		

Type of Business	Your Supervisor's Name		

Address & Street	City	State	Zip
_____		_____	_____
Dates of Employment:	_____	Weekly Pay:	_____
From	To	Starting	Ending

Your Position and Duties			

Reason for Leaving			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

_____ (____) _____			
Name of Employer	Telephone No.		

Type of Business	Your Supervisor's Name		

Address & Street	City	State	Zip
_____		_____	_____
Dates of Employment:	_____	Weekly Pay:	_____
From	To	Starting	Ending

Your Position and Duties			

Reason for Leaving			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: Attach additional page(s) if necessary.

References: List below two persons not related to you who have knowledge of your work performance within the last three years.

_____ (____) _____			
First Name	Last Name	Telephone No.	
_____		_____	
Address & Street	City	State	Zip
_____		_____	_____

_____ (____) _____			
First Name	Last Name	Telephone No.	
_____		_____	
Address & Street	City	State	Zip
_____		_____	_____
