



St. Cloud Rox

Game Day Employment Application

Completed Applications can be submitted to info@stcloudrox.com or mailed to:
P.O. Box 7216, St. Cloud, MN 56302



Name: _____ Date: _____
(First) (Middle) (Last)

Present Address: _____
(Street) (City) (State) (Zip)

E-Mail: _____

Home Phone: _____ Cell Phone: _____

Are you over 18 years old? Yes: ____ No: ____

If no, what is your age? ____ Birthdate: _____

Location(s) of Employment Desired

____ Concessions /Hospitality Areas ____ Ticket Taker
____ Merchandise ____ Fan Services

Would you like to be considered for positions not checked: Yes: ____ No: ____

List any special skills or experience which would be helpful with the job(s) you are applying for:

How did you hear about the job:

Criminal Record

Have you been convicted of a felony? Yes: ____ No: ____

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

Do you hold a current driver's license? Yes: ____ No: ____ State: _____ Lisc. Number: _____



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Types of School	Name of School	Degree	Major
High School			
College			

Employment History

_____ (Present/Past Employer) _____ (Address) _____ (City) _____ (State)

_____ (Supervisor) _____ (Phone Number) Yes: _____ No: _____
(May we contact?)

Specific Duties: _____

Dates Employed (mo/yr-mo/yr): _____ Reason for leaving: _____

_____ (Present/Past Employer) _____ (Address) _____ (City) _____ (State)

_____ (Supervisor) _____ (Phone Number) Yes: _____ No: _____
(May we contact?)

Specific Duties: _____

Dates Employed (mo/yr-mo/yr): _____ Reason for leaving: _____

References: List the names and information of three unrelated people to you that we can contact

Name:

Telephone:

1. _____

2. _____

3. _____