



APPLICATION FOR EMPLOYMENT

Lakeshore Baseball Holdings LLC and its premises are non-smoking

Lakeshore Baseball Holdings LLC. is an EQUAL OPPORTUNITY EMPLOYER. We do not discriminate in hiring or employment on the basis of race, color, religion, gender, national origin, age, disability or on any other basis prohibited by federal, state or local law(s). No question on this form is intended to secure information to be used for such discrimination.

Last Name (PLEASE PRINT)		First Name		Middle Initial	Date of Application	
Have you ever legally been known by any other name?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If the answer is "Yes", please disclose.		
Current Address		Number / Street		Apt.	City	State Zip
How long at this address?						
Previous Address		Number / Street		Apt.	City	State Zip
How long at previous address?		Current Telephone Number (s) where you can be reached		Email Address		Social Security Number
Position Applied For		Salary Desired		Are you 16 years of age or older?		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been previously employed with us before?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If "Yes", please give the dates:		
Are you legally authorized to work in the United States?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Proof of your identity and work authorization will be required upon employment.		
Have you ever been convicted of a crime other than a minor traffic violation? If yes please give dates and details.		<input type="checkbox"/> YES <input type="checkbox"/> NO				
<i>Convictions will not automatically disqualify job applicants. The nature of the crime and date of conviction will be considered.</i>						
The essential function(s) of the job for which you are applying may require you to lift as many as 40 pounds repeatedly. Are you able to perform this function with or without accommodation?						<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		What days and hours are you available for work?				
Can you work evenings? <input type="checkbox"/> YES <input type="checkbox"/> NO		Can you work weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If hired on what date can you start work?						
May we contact your current employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO				
How did you hear about this opportunity?						

EDUCATION	Elementary School					High School					College / University				Graduate/Professional			
Name of School and Location																		
Years Completed	4	5	6	7	8	9	10	11	12	1 st	2 nd	3 rd	4 th	1 st	2 nd	3 rd	4 th	
Type of Diploma / Degree Received																		
Describe Course of Study																		

Describe any experience and / or any job-related qualifications and training which qualify you for the position for which you are applying.

EMPLOYMENT EXPERIENCE

Start with your present or last job and list all of your employment in the last ten (10) years regardless of length of time at each employer. Include any job-related military service assignment.

Current or Most Recent Employer	DATES EMPLOYED						WORK PERFORMED
	From			To			
Address	Month	Da y	Year	Month	Da y	Year	
Telephone Number(s)	HOURLY RATE / SALARY						
	Starting			Final			
Job Title	Supervisor						
Reason for Leaving							

Employer	DATES EMPLOYED						WORK PERFORMED
	From			To			
Address	Month	Da y	Year	Month	Da y	Year	
Telephone Number(s)	HOURLY RATE / SALARY						
	Starting			Final			
Job Title	Supervisor						
Reason for Leaving							

Employer	DATES EMPLOYED						WORK PERFORMED
	From			To			
Address	Month	Day	Year	Month	Day	Year	
Telephone Number(s)	HOURLY RATE / SALARY						
	Starting			Final			
Job Title	Supervisor						
Reason for Leaving							

Employer	DATES EMPLOYED						WORK PERFORMED
	From			To			
Address	Month	Da y	Year	Month	Da y	Year	
Telephone Number(s)	HOURLY RATE / SALARY						
	Starting			Final			
Job Title	Supervisor						
Reason for Leaving							

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

Give the name, address and telephone number of three (3) references who are familiar with your job-related abilities and skills.

1. _____

2. _____

3. _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the information contained in this application and given during the interview process, whether orally or in writing, is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, may result in the denial of employment or in termination if I am hired.

I understand and agree that all information furnished in this application may be verified by the Company or its authorized representative. I understand that my present employer will not be contacted unless I have given my express consent on this application. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment information to the Company. I hereby authorize all individuals and organizations named or referred to in this application, and any law enforcement organization to give the Company all information relative to such verification and hereby release such individuals, organizations and the Company from any and all liability for any claim or damage resulting therefrom.

I understand that I must take and pass a test for current illegal or unauthorized drug use in order to be hired. I also understand that if I am offered employment, my employment will be conditioned upon the satisfactory completion of a physical examination. I further understand that, if I am hired, I am required to abide by all rules, policies and procedures of the Company. I also understand that the Company's rules, policies and procedures are subject to modification without notice.

I also understand that the Company is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application or in any prior oral or written statements is intended to create contract of employment or to create any rights in the nature of a contract of employment. This application does not bind either party for a specific period of time regarding employment. I understand that no one other than the Company's President(s) has any authority to enter into any agreement contrary to the foregoing. Any such agreement with the President(s) must be in writing.

I have read and understood the above.

Signature of Applicant

Date Signed

We are an Equal Opportunity Employer

For Company Use Only

Date of Employment		Shift			
Job Title		Hourly Rate/Salary		Department	
By		Name and Title		Date	