

APPLICATION FOR SEASONAL EMPLOYMENT

Somerset Patriots, 1 Patriots Park, Bridgewater, NJ 08807

Office: (908) 252-0700 Fax: (908) 252-0776

The Somerset Patriots are an Equal Opportunity Employer

Today's Date:	Interviewed By:	
Personal:		
Last Name:	First Name:	Middle:
Street Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
E-mail Address:		
D. ::4: D:		
Positions Desired: (Please select the positions that you are most interested in	n for employment)	
		ommunity Mascot
		ther
	Game Day Receptionist	
	Game Day Mascot	
	Bat Boy	
** Must fill out CenterPlate	•	
www.iviust fill out CenterPlate	Application	
General Information:		
Are you 18 years or older?YESNO		
Are you a citizen of the United States?YES	NO, If NO, do you have authorizati	on to work?YESNO
Will this position be your primary job or will it be your s If your <i>SECOND JOB</i> , what is your primary job?	econd job?PRIMARY	SECOND JOB Hours worked per week
When will you be available to start work?		
What days can you work? M Tu W Th F Sa	Sn Any Day	
Can you work nights? YESNO		
Have you ever been convicted of a felony?YES _	NO, If YES , please explain:	
Do you have appropriate means of transportation?	YESNO	
What hourly pay rate are you looking for? \$	per hour	
Highest Level of Education:		
High School/College/Technical School:		City/State:
Major/Study:	Di	d you graduate?YESNO

Employment History: (list your current	nt or most recent employer first)	
Employer:	Dates	: to
Address:		: <u>\$</u>
Ioh Title:		;
Supervisor		:
Briefly describe your job duties:		
Employer:	Datas	· to
Address:		: to
Lob Title:		: <u>\$</u> :
Supervisor:		
Briefly describe your job duties:	F HORE	:
Employer:	Dates	: to
Address:	Salary	: <u></u> \$
Job Title:	Reason for leaving	: <u> </u>
Supervisor:	Phone	:
Briefly describe your job duties:		
References:		
_	elated to you that you have known at least one year:	71
Name	Address	Phone
1.		
2.		
3.		
Certification:		
	me on this application is true and complete, and I understand the red, my application may be rejected and, if I am employed, my experience of the red in t	
manual, or other communications, and I agree with or without notice, at any time, at either 1 of my employment may be changed, with or that no Company representative, other than it	to conform to the Company's policies and rules found in any eme that my employment and compensation can be terminated, wit my or the Company's option. I also understand and agree that the without cause, and with or without notice, at any time by the Cots President, and then only when in writing and signed by the Profor any specific period of time, or to make any agreement contra	h or without cause, and the terms and conditions tompany. I understance the esident, has any authority
I HAVE READ THE ABOVE STATEMENT	ΓS:	
Applicant's Signature		Date: