

Smyrna Baseball League Concession Employment Application

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Drivers License No. _____ State _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Are you over the age of 18? ____ Yes ____ No

Park preference:
Todd Lane _____ Lee Victory _____

Days/hours available to work
No Pref ____ Thur ____
Mon ____ Fri ____
Tue ____ Sat ____
Wed ____ Sun ____

How many hours can you work weekly? _____ Can you work nights? _____

When are you available to start work? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

ARE YOU RELATED TO A CURRENT OR FORMER MEMBER OF THE SMYRNA BASEBALL LEAGUE?

No Yes

If yes, please list. _____

*** All concession workers will need to agree to a background check.**

*** All concession workers will receive a 1099 at the end of the year.**

Signature _____ Date _____