

LAST NAME: _____ FIRST NAME: _____

SLUGGERS & PUTTERS
Team Member Application



333 Lafayette Dr.
 Canal Fulton, OH 44614
 330-854-6999
www.sluggers-putters.com

Thank you for considering Sluggers & Putters Fun Park for employment. We are in the family entertainment business. Sluggers & Putters is an 18-acre outdoor entertainment center that prides itself on clean, safe, fun in a team environment. We are looking for team members that are 16 years or older, part time or full time; able to work weekends and holidays, if required. Experience is not required, but it is helpful. We will be accepting applications for the following positions: Ride Operators, Cashiers, Auntie Em's Ice Cream, Mechanics, Landscape, and Crew Leaders. If you do not like to work outdoors and working with people in a team environment, unfortunately, Sluggers & Putters is not the proper employer for you. We are looking for individuals who smile, have a great work attitude and a desire to excel. If this is you, please complete and forward the application. Applications are only accepted for positions currently available and will be considered for thirty (30) days from today's date or until the position applied for is filled.

1st Name _____ Middle Int. _____ Last Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ E-mail _____

If you are under 18 years old, specify age here: _____ Do you live in Lawrence Twp? Yes No

SS# _____ Emergency Contact _____ Phone _____

Date You Can Start Employment? Month _____ Day _____ Date _____

DAYS & TIMES AVAILABLE TO WORK

SUN	MON	TUE	WED	THURS	FRI	SAT

INDICATE POSITION(S) YOU ARE APPLYING FOR

- CASHIER MECHANIC FOOD SERVICE
 RIDE ATTENDANT LANDSCAPE MAINT CREW LEADER

SUMMER AVAILABILITY

Please list any activities, responsibilities, or commitments that would limit your availability to work During the typical school year summer vacation. Including trips, vacations, etc.

<u>Activity or Commitment(s)</u>	<u>Dates/Days</u>	<u>Time</u>	<u>Comments</u>

Have you ever worked at Sluggers & Putters before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name of department, year, and supervisor's name:
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Do you have a valid Ohio driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list drivers license number:
Do you own or have access to a car in order to get to work on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of vehicle, color & licence plate number:
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, do you plan on becoming one? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony or been convicted of a misdemeanor resulting in imprisonment or a fine during the last 8 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION:

HIGH SCHOOL: _____ ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 G.P.A. _____ DATES ATTENDED: _____ MAJOR/DEGREE _____ YEAR GRADUATED _____

COLLEGE OF TECHNICAL SCHOOL:

NAME: _____ ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 G.P.A. _____ DATES ATTENDED: _____ MAJOR/DEGREE _____ YEAR GRADUATED _____

Indicate any special skills or training you may have _____

EMPLOYMENT HISTORY

COMPANY NAME: _____
 Manager's Name: _____
 Phone: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Job Description: _____ Salary _____
 Dates of Employment _____ to _____
 Reason for Leaving _____

COMPANY NAME: _____
 Manager's Name: _____
 Phone: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Job Description: _____ Salary _____
 Dates of Employment _____ to _____
 Reason for Leaving _____

TWO REFERENCES REQUIRED, DO NOT LIST RELATIVES

① NAME: _____ OCCUPATION _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Number of Years Known: _____

② NAME: _____ OCCUPATION _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Number of Years Known: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless in writing by authorized representative.

I understand that upon acceptance of employment, I may be required to work a shift rotation (day or evening) and or weekend, Holiday rotation schedule at anytime in the future.

Signature _____ **Date** _____