ES LACROSSE

Employment Application

783 Radio Dr. Suite 114
Woodbury, MN 55125
651.702.5048

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Are you 18 or older? YES ☐ NO ☐	Desired hours/week:	Desired wage:	
Date available to begin work:			
Are you a citizen or legally able to work in the United States? YES ☐ NO ☐	Do you have a reliable means of transportation to work? YES ☐ NO ☐		
Have you ever worked in Retail or Sporting Goods? YES ☐ NO ☐	Do you or have you ever coached lacrosse? YES ☐ NO ☐		
Have you ever been convicted of a crime? YES ☐ NO ☐	If yes, explain		

EDUCATION/ LACROSSE EXPERIENCE			
High School		Did you play lacrosse? YES ☐ NO ☐	
From To	Did you graduate? YES ☐ NO ☐	Degree	
College		Did you play lacrosse? YES ☐ NO ☐	
From To	Did you graduate? YES ☐ NO ☐	Degree	

REFERENCES	
Please list three references. (One reference must be professional)	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT

Company		Phone ( )
Address (city/State)		Supervisor
Job Title	Starting wage $	Ending wage $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		
Company		Phone ( )
Address (city/State)		Supervisor
Job Title	Starting wage $	Ending wage $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		
Company		Phone ( )
Address (city/State)		Supervisor
Job Title	Starting wage $	Ending wage $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		

LIST YOUR INTERESTS AND/OR SKILLS THAT WOULD HELP US GET TO KNOW YOU.

AVAILABILITY

Are you available to work evenings and weekends? YES ☐ NO ☐

Please note that our busy season is March through June and that there would be limited time off during this time. Please tell us which days and/or times of the week that you would not be able to work.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature Date