

# ES LACROSSE

## Employment Application

707 Commerce Dr. Suite 130  
Woodbury, MN 55125  
651.702.5048

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

EDUCATION/ LACROSSE EXPERIENCE			
High School		Did you play lacrosse? YES <input type="checkbox"/> NO <input type="checkbox"/>	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Did you play lacrosse? YES <input type="checkbox"/> NO <input type="checkbox"/>	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three references. (One reference must be professional)</i>	
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		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ( )
Address (city/State)		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ( )
Address (city/State)		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

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

AVAILABILITY
Are you available to work evenings and weekends? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 _____