Paducah Regional Sports Plex

6525 US Highway 60 Paducah, KY 42001

Application for Employment

Position(s) Applied for:

___ Program Supervisor _____
Sport(s)

___Referee_____
Sport(s)

___Sports Camp Worker

___Clerical

___Snack Bar

Date of Application_____

Name_____ S.S. Number _____
Last First M.I.

Address_____
Street City/State Zip Code

Telephone
Number(s):_____
Home Cell Other

Date Available:_____ Are you 18 years of age or older? Yes/No

Have you been convicted of a felony in the past 7 years? Yes/No
If yes, please attach explanation.
Conviction will not necessarily disqualify an applicant from employment.

Can you produce documents proving you are authorized to work in the United States? Yes/No

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Educational Institution and last grade completed:

_____

State any additional information you feel may be helpful to us in considering your application (such as specialized training, skills, business or civic organizations or activities, job-related training or experience, etc.):_____

_____

_____

_____

Employment Experience:

1._____
Employer Address City/State Phone

_____
Dates Employed Reason for Leaving

2._____
Employer Address City/State Phone

_____
Dates Employed Reason for Leaving

References:

Name	Occupation	Address	Phone	Relationship	Yrs Known
1._____					
2._____					

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Proof of citizenship or immigration status will be required upon employment.

Applicants Statement:

I certify that the information given on this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this and understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is “at will”, which means that I may resign at any time and the employer may discharge me at any time with or without cause. I further understand that this “at will” employment relationship may not be changed orally, by any written document, or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of this organization.

_____ _____
Signature of Applicant Date