

Date: \_\_\_\_\_

## Carolina Mudcats Employment Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Communication:  Phone  Email

### Position(s) Applying for:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Tickets          | <input type="checkbox"/> Concessions                      | <input type="checkbox"/> Money Counter |
| <input type="checkbox"/> Video Production | <input type="checkbox"/> Cats Crew                        |  |
| <input type="checkbox"/> Usher            | <input type="checkbox"/> Souvenir (Team Store)            |  |
| <input type="checkbox"/> Parking          | <input type="checkbox"/> Customer Service                 |  |
| <input type="checkbox"/> Bat Boy          | <input type="checkbox"/> Stadium Operations/Clean Up Crew |  |

### Desired Type of Employment:

Full-Time  Part-Time  Intern  Seasonal  Day of Game

### Personal Information:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you 18 or older?  Yes  No

If not, are you able to obtain a North Carolina Workers Permit?  Yes  No

Are you eligible to work in the U.S.?  Yes  No

Have you ever worked for the Carolina Mudcats before?  Yes  No If so, when? \_\_\_\_\_

Supervisor with the Mudcats: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Do you have any relatives employed by this organization?  Yes  No If so, who? \_\_\_\_\_

Are you multi-lingual?  Yes  No If so, what languages? \_\_\_\_\_

### Availability:

Are you available April through September, including weekends and holidays?  Yes  No

Are you available for day games?  Yes  No

### Education:

Level of highest completed education:  High School  College  Trade School

Name of school/University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Did you graduate?  Yes  No Number of Years Completed: \_\_\_\_\_

Date: \_\_\_\_\_

**Current or Former Employer:**

Are you currently employed:  Yes  No If so, can we contact your current employer?  Yes  No

Company/Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Rate of Pay/Salary: \_\_\_\_\_ May we contact your supervisor?  Yes  No

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References: (If we cannot contact your current or former employer, please fill out below)**

Please give the name and contact information for two non-related references.

**Reference #1:** \_\_\_\_\_ Phone: \_\_\_\_\_

Company/Business: \_\_\_\_\_

How do you know this individual? \_\_\_\_\_ Years Known: \_\_\_\_\_

**Reference #2:** \_\_\_\_\_ Phone: \_\_\_\_\_

Company/Business: \_\_\_\_\_

How do you know this individual? \_\_\_\_\_ Years Known: \_\_\_\_\_

**Service Record:**

Branch of Service: \_\_\_\_\_

Discharge Date/Rank: \_\_\_\_\_

Have you been convicted of a crime (not including Traffic Violations) in the last five years?  Yes  No

Date: \_\_\_\_\_

**Pre-Employment Statement: (Please read before signing)**

I understand that the organization will rely, in part, on the information I provide in this Employment Application in considering whether to hire me. I understand that it is important that I provide complete and accurate information and certify that I have done so. If the organization discovers at any time that I failed to completely and honestly provide any information requested of me in this Employment Application or during the interview process, I understand that my application will no longer be considered or, if I am working for the organization, that I will be subject to disciplinary action, up to and including termination of employment.

The organization is committed to compliance with the provisions of this nation's immigration laws regarding verification of employment eligibility. Any offer of employment will be contingent upon your ability to provide legally sufficient documentation showing your eligibility to be employed by this organization. Applicants or employees that present fraudulent documents for employment verification purposes will be terminated.

I authorize the organization to contact anyone that it deems appropriate to verify the information I have provided or to further investigate my background, past performance and suitability for employment. I consent to being discussed by any person contacted by the organization and waive all rights to bring any action for defamation, invasion of privacy or any similar claim against anyone that provides information to the organization with a good faith belief that the information provided is true. I understand that the organization may choose to obtain background information about me from a consumer reporting agency. Before requesting a report from a consumer reporting agency, the organization will ask for my authorization. I understand that if I refuse to provide such authorization, my application for employment will not be considered.

I understand and agree that, as a prerequisite to consideration for employment, I will submit to such future physical or psychological examinations, drug tests or other exams as may be required by the organization. The organization will pay the reasonable cost of any such examination per the policy. Copies of the Drug Free Workplace policy are available to me in the Human Resources Department upon my request.

I understand that this Employment Application is not an offer of employment. I understand that nothing contained in this Employment Application creates a contract between the organization and me for employment or any other benefit. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the organization.

**I understand that if I am hired, I will be an employee "at will," meaning I am not hired for any definite length of time and either I or the organization can terminate my employment at any time for any or no reason.**

If employed, I understand and agree that the organization retains the sole right in its business judgment to modify, suspend, interpret, or cancel, in whole or in part, at any time, with or without any notice, any published or unpublished policy, practice, procedure, process, or benefit.

If employed, I understand that I may be required to comply with federal and/or state Drug Free Workplace Laws and regulations. I understand and agree to comply with such laws.

I also understand that I am required to abide by all rules and regulations of the Club and of Major League Baseball, to the extent applicable.

If employed, I understand that as a condition of employment that I may be required to agree to and sign the organization's confidentiality, non-compete, and/or other similar agreements. I also agree to notify the organization during the pre-employment process of any confidentiality, non-compete, and/or other similar agreements that I may have already signed with current and/or former employers, or other potential conflict.

I understand that the technical processing and transmission of the application, including my personal information, may involve (a) transmissions over various networks, including the transfer of this information to the United States and/or other countries for storage, processing and use by Milwaukee Brewers, its affiliates, and their agents; and (b) changes to conform and adapt to technical requirements of connecting networks or devices. Accordingly, I agree to permit such parties to make such transmissions and changes, and hereby provide the necessary consent for the same.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Equal Opportunity Employer)