

GRAND FORKS YOUTH HOCKEY ASSOCIATION (GFYHA)

APPLICATION FOR EMPLOYMENT

Grand Forks Youth Hockey Association (GFYHA) is an equal opportunity employer. GFYHA does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Full Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? ____Yes ____No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
____Yes ____No

Have you ever been terminated from employment or asked to resign by an employer? ____Yes
____No

If **yes**, please provide company name(s) and details _____

Can you work business day shifts? ____Yes ____No

If no explain: _____

Can you work evenings or weekends? ____Yes ____No

If no explain: _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ____Yes ____No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? ____ If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral Other

Have you ever worked for this company before?

___Yes ___No Explain_____

Do you know anyone who works for our company? Yes No If yes, who? _____

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

Incomplete information could disqualify you from further consideration.

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone

Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Grand Forks Youth Hockey Association to hire me. If I am hired, I understand that either Grand Forks Youth Hockey Association or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Grand Forks Youth Hockey Association has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Grand Forks Youth Hockey Association true and complete information on this application. No requested information has been concealed. I

authorize Grand Forks Youth Hockey Association to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.