



APPLICATION FOR SEASONAL EMPLOYMENT

Long Island Ducks • 3 Court House Drive, Central Islip, NY 11722

(631) 940-3825 • Fax: (631) 940-3800

The Long Island Ducks are an Equal Opportunity Employer

Date: _____

Personal Information:

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Alternate Phone: _____

Email: _____ (optional)

Position Desired: Please select the position you are most interested in for employment.

- | | | |
|--|--|--|
| <input type="checkbox"/> Usher | <input type="checkbox"/> Ticket Office | <input type="checkbox"/> Merchandise/Vendor |
| <input type="checkbox"/> Security | <input type="checkbox"/> Ticket Taker | <input type="checkbox"/> Promotions Staff |
| <input type="checkbox"/> Parking Attendant | <input type="checkbox"/> Bat Boy/Clubhouse | <input type="checkbox"/> Control Room Operator |
| <input type="checkbox"/> Clean Team | <input type="checkbox"/> Grounds Crew | <input type="checkbox"/> Concessions Staff |

General Information:

Are you 16 years or older? _____ Yes _____ No

Can you provide a work permit? _____ Yes _____ No

Are you a citizen of the United States? _____ Yes _____ No

If NO, do you have proper authorization to work? _____ Yes _____ No

When will you be available to start work?

Please circle availability: Mon Tue Wed Thu Fri Sat Sun

Any Day

****Applicants hired will be required to work nights and weekends as
Ducks game schedule permits****

Have you ever been convicted of a felony? _____ Yes _____ No

If YES, please explain: _____

Do you have appropriate means of transportation? _____ Yes _____ No

Highest Level of Education:

High School / College / Technical School: _____ City / State: _____

Major / Study: _____

Did you graduate? _____ Yes _____ No

Employment History: (List your current or most recent employer first)

Employer: _____ From: _____ To: _____
Address: _____ Salary: _____
Job Title _____ Reason for Leaving: _____
Supervisor: _____ Phone #: _____
Briefly describe your job responsibilities: _____

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Address: _____ Salary: _____
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Employer: _____ From: _____ To: _____
Address: _____ Salary: _____
Job Title _____ Reason for Leaving: _____
Supervisor: _____ Phone #: _____
Briefly describe your job responsibilities: _____

Please state any information you believe would assist us in considering you for employment:

References:

Please provide the names of three persons, not related to you, that you have known for at least one year

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Agreement:

I certify that all of my answers in this Employment Application are true and complete to the best of my knowledge. I understand that this Application will remain active for ninety (90) days. At the conclusion of that time, if I have not heard from the Employer, and I wish to be considered for employment, than it will be necessary to fill out a new Application. I understand that any false or misleading answer(s) in this Employment Application or any other pre-employment inquiry will be grounds for ejection of my Application, or immediate termination if I have become employed. I authorize the Employer to investigate and verify my answers and I give the Employer permission to contact previous schools, employers, and references and others in its investigation. I release both the Employer and the party providing the information from any liability for this purpose. The Employer provides its employees a Drug Free workplace. I understand that the Employer may require a drug and alcohol test as a condition of employment, or as a condition of continued employment, subject to applicable federal and state laws, and I consent to any such testing. If employed, I will comply with all Employer policies and rules found in any employee handbook, Employer policy manual, or other communications from the Employer. I agree not to use or disclose outside my employment with the Company, any confidential information, trade secret, or propriety information, whatever its form, obtained in connection with my employment with the Company. I understand that the terms and conditions of my employment can be changed with or without cause, at any time by the Company, and that the Company or I may end my employment at any time, for any reason. I have read the above statements:

Applicant's Signature: _____ Date: _____