



# SAN JOSE HOCKEY CLUB APPLICATION FOR EMPLOYMENT

As an EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER/AFFIRMATIVE ACTION EMPLOYER, San Jose Hockey Club does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex (except where sex is a bona fide occupational qualification) or on any other basis prohibited by law. Furthermore, San Jose Hockey Club will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, or a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by Sharks Sports & Entertainment for the job.

<b>PERSONAL INFORMATION</b>			DATE
NAME (Last)	(First)	(Middle)	HOME PHONE NUMBER
ADDRESS (Street)			CELL PHONE NUMBER
(City)	(State)	(Zip Code)	WORK PHONE NUMBER
EMAIL ADDRESS			
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, proof of eligibility to work will be required)			

## TYPE OF POSITION DESIRED

Teams Applying For:		
1.	2.	3.
Date Available to Start:		
Have you ever worked for the Sharks or SAP Center before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when and where?	
Have you ever applied to the Sharks or SAP Center before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when and where?	
Have you been convicted of a felony in the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO (Convictions for marijuana-related offenses that are more than two years old need not be listed) If yes, please explain (Included Where, When, Charge, Sentence):		

## EDUCATION, TRAINING AND EXPERIENCE

School Level	School Name & Location (City, State or City,Country)	Number of Years Completed	Graduated?	Degree/Diploma
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at our company? If so, please explain:				

## EMPLOYMENT HISTORY

Please use the space below to enter information about your previous employment for the last 10 years and account for all periods of unemployment. Please start with your most recent employer first. If you need additional space, please feel free to attach an additional page. **COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.**

Employer's Name:	Address (Street, City, State, Zip Code):	Start Date:	Leaving Date:
Job Title:	Supervisor's Name and Title:	Starting Salary:	Final Salary:
May we contact your supervisor as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor's Phone Number:	Reason for Leaving:	
Description of Work:			

Employer's Name:	Address (Street, City, State, Zip Code):	Start Date:	Leaving Date:
Job Title:	Supervisor's Name and Title:	Starting Salary:	Final Salary:
May we contact your supervisor as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor's Phone Number:	Reason for Leaving:	
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Job Title:	Supervisor's Name and Title:	Starting Salary:	Final Salary:
May we contact your supervisor as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor's Phone Number:	Reason for Leaving:	
Description of Work:			

Employer's Name:	Address (Street, City, State, Zip Code):	Start Date:	Leaving Date:
Job Title:	Supervisor's Name and Title:	Starting Salary:	Final Salary:
May we contact your supervisor as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor's Phone Number:	Reason for Leaving:	
Description of Work:			

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Please explain any lapse in employment of 4 months or more during the past 5 years		
From	To	Reason for Unemployment

**MILITARY SERVICE**

Have you obtained any special skills or abilities as a result of service in the military? <input type="checkbox"/> YES <input type="checkbox"/> NO
If so, describe:

**CERTIFICATE OF APPLICANT (Please read carefully before signing)**

This application shall only remain active for 90 days. After 90 days, if you are still interested in employment at San Jose Hockey Club, you must fill out a new application.

I understand that any omission or misstatement of material fact on this application or on any document used to secure employment will be grounds for rejection of this application or for immediate discharge if I am employed.

I hereby authorize Sharks Sports & Entertainment to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my references to disclose to the company any other information related to my work records. In additional, I hereby release San Jose Hockey Club and its contractors, my former employers and all other persons, and associates from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I agree that such arbitration will be conducted under the rules of the American Arbitration Association.

I understand that nothing contained in the application, or conveyed during any interview is intended to create an employment contract between San Jose Hockey Club and myself. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the company or myself.

APPLICANT'S SIGNATURE

DATE

PRINTED NAME