

Application for Employment Advantage Basketball Camps

Please review all questions carefully before preparing your application.

Part 1. GENERAL INFORMATION											
NAME (Last, First, and Middle Initial)					SOCIAL SECURITY NUMBER						
MAILING ADDRESS (Include apartment number, if any)) E-MAIL ADDRESS			HOM	HOME TELEPHONE						
CITY	STATE	ZIP		WOR	WORK (or message) TELEPHONE						
DRIVER'S LICENSE NUMBER		EXPIR	EXPIRATION								
E l (D f											
Employment Preferences: What position are you applying for?											
• What position are you applying for?											
• Are you willing to travel as part of this job? ☐ YES ☐ NO											
• Check types of employment you will accept: ☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY ☐ SEASONAL											
Part 2. BACKGROUND INFORMATION											
• Other than English, what languages do fluently?	you speak, read	d, or wi	rite								
Have you ever been convicted of any c	riminal act incl	uding s	ex relate	d or chil	d abuse re	lated offenses?					
□ NO □ YES, EXPLAIN:											
Please describe your basketball experience:											
How did you learn of this employment NEWSPAPER	opportunity?			☐ OTHER:							
Part 3. EDUCATION AND TRAINING											
 Have you graduated from high school List college, business school, military 	or passed the G		☐ YES	_	NO						
	th and Year Attended		Credits Earned		Major	Type of Degree Awarded	Year Degree				
Form	rom /	Quarter	Semester	(Specify)		Awarded	Received				
1 From	/										
² From	·										
То	/										
3 From	/										
То	/										
4 From	/										
To From	/										
FIOIL	,										

Employer's Phone Number

/Per Week

Employer's Phone Number

/Per Week

Number of Employees Supervised

Number of Employees Supervised

Last Salary

Last Salary

Average Hours

Average Hours

Total Months

Total Months

Volunteer

Volunteer

Part 4. EMPLOYMENT HISTORY

Please list all jobs, including volunteer and part-time positions:

			·			
Present or Last Employer		Employer's Address	Employer's Phone Number			
Your Title Months & Y		Months & Yea	ars Employed in this Position	Total Months	Average Hours	Last Salary
		From	/ To /		/Per Week	
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised		
Specific Duties:						
2. Previous Employer		Employer's Address	Employer's Phone Number			
Your Title		Months & Yea From	ars Employed in this Position / To /	Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised		
Specific Duties:						
3. Previous Employer			Employer's Address	_	Employer's Phone Nur	nber
Your Title		Months & Yea	ars Employed in this Position	Total Months	Average Hours	Last Salary
		From	/ To /		/Per Week	
Immediate Supervisor's Name	Reason for Leaving			Volunteer	Number of Employees	Supervised
Specific Duties:						

Employer's Address

Employer's Address

Months & Years Employed in this Position

Months & Years Employed in this Position

Part 5. DATE AND SIGNATURE

TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.

4. Previous Employer

Immediate Supervisor's Name

Immediate Supervisor's Name

Your Title

Specific Duties:

Your Title

Specific Duties:

5. Previous Employer

All answers and statements are true and complete to the best of my knowledge. I understand that Advantage Basketball Camps may verify this information, and that untruthful or misleading answers are cause for rejection of this application or dismissal if employed. By signing this form, I am agreeing to allow Advantage Basketball Camps to conduct a background check.

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Part 6. SEND FORM TO ADVANTAGE BASKETBALL CAMPS

Reason for Leaving

Reason for Leaving

Please staple the first and second page of this application together and submit this completed application to:

Advantage Basketball Camps P.O. Box 1344 Lynnwood, WA 98046 Phone: 425-670-8877

For further information, please see our website at: **www.advantagebasketball.com** or send e-mail to: **info@advantagebasketball.com**