



**Sports City Business & League Office**  
 921 Piner Road, Santa Rosa, CA 95403  
 Business Phone: 707.526.2884  
 Business Fax: 707.581.2044  
 E-mail: info@nbsportscity.com

**Santa Rosa Facility**  
 921 Piner Road  
 Santa Rosa, CA 95403  
 (707) 526-1320

**Cotati Facility**  
 6700 Stony Point Road  
 Cotati, CA 94931  
 (707) 285-GOAL

## EMPLOYMENT APPLICATION

### APPLICANT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

OTHER PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER? YES  NO

### DESIRED EMPLOYMENT

POSITION DESIRED \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ DESIRED WAGE \_\_\_\_\_

ARE YOU EMPLOYED NOW? YES  NO  IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES  NO

HAVE YOU EVER APPLIED TO SPORTS CITY BEFORE? YES  NO  WHEN? \_\_\_\_\_ WHO REFERRED YOU TO SPORTS CITY? \_\_\_\_\_

### AVAILABILITY

LIST TIME OF DAY YOU ARE AVAILABLE TO WORK AT SPORTS CITY:

Day	Cotati Hours Available	Santa Rosa Hours Available
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### REFEREE EXPERIENCE

ARE YOU A LICENSED REFEREE? YES  NO  WHAT LEVEL? \_\_\_\_\_

DO YOU HAVE REFEREE EXPERIENCE WITH **OUTDOOR** SOCCER? YES  NO

IF YES, WHERE? \_\_\_\_\_ HOW MANY YEARS? \_\_\_\_\_

WHAT LEVEL? \_\_\_\_\_

DO YOU HAVE REFEREE EXPERIENCE WITH **INDOOR** SOCCER? YES  NO

IF YES, WHERE? \_\_\_\_\_ HOW MANY YEARS? \_\_\_\_\_

WHAT LEVEL? \_\_\_\_\_

### SOCCER OR COACHING EXPERIENCE

WHAT TYPE OF SOCCER EXPERIENCE DO YOU HAVE? INDOOR  OUTDOOR  BOTH

DO YOU CURRENTLY PLAY AT SPORTS CITY? YES  NO  IF YES, WHAT TEAM/DIV.? \_\_\_\_\_

DO YOU CURRENTLY COACH AT SPORTS CITY? YES  NO  IF YES, WHAT TEAM/DIV.? \_\_\_\_\_

**EDUCATION**

School Level	Name and Location	No. of Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				
Special Training				
Special Skills				

**PREVIOUS EMPLOYERS**

LIST BELOW THE LAST TWO EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST:

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING WAGE	FINAL WAGE	MAY WE CONTACT YOUR SUPERVISOR?		
NAME OF SUPERVISOR		TITLE	PHONE NUMBER	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING WAGE	FINAL WAGE	MAY WE CONTACT YOUR SUPERVISOR?		
NAME OF SUPERVISOR		TITLE	PHONE NUMBER	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

**REFERENCES**

BELOW, GIVE THE NAMES OF TWO PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:

Name	Business	Years Acquainted

AUTHORIZATION: "I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL."

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_