



**APPLICATION**  
**FOR SEASONAL EMPLOYMENT**  
FirstEnergy Park, 2 Stadium Way, Lakewood, NJ 08701  
Office: (732)901-7000 Fax: (732)901-3967  
www.blueclaws.com  
The Lakewood BlueClaws are an Equal Opportunity Employer

**Today's Date:** \_\_\_\_\_

**Personal:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Position Desired:**

(Please select **3** positions that you are most interested in for employment)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Usher             | <input type="checkbox"/> Merchandise           | <input type="checkbox"/> Kids Zone Attendant |
| <input type="checkbox"/> Parking Attendant | <input type="checkbox"/> Grounds Crew          | <input type="checkbox"/> Security            |
| <input type="checkbox"/> Tickets           | <input type="checkbox"/> Game Day Receptionist | <input type="checkbox"/> Custodial           |
| <input type="checkbox"/> Production Crew   | <input type="checkbox"/> Mascot                | <input type="checkbox"/> Promotions Crew     |
| <input type="checkbox"/> Concessions       | <input type="checkbox"/> Clubhouse Manager     | <input type="checkbox"/> Bat Boy             |
| <input type="checkbox"/> Food and Bev Team | <input type="checkbox"/> Other _____           |  |

**General Information:**

Are you 18 years or older?  YES  NO

Are you a citizen of the United States?  YES  NO, If NO, do you have authorization to work?  YES  NO

Will this position be your primary job or will it be your second job?  PRIMARY  SECOND JOB

If your SECOND JOB, what is your primary job? \_\_\_\_\_ Hours worked per week \_\_\_\_\_

When will you be available to start work?

What days can you work? M Tu W Th F Sa Su Any Day

Can you work nights?  YES  NO

Do you have appropriate means of transportation?  YES  NO

What hourly pay rate are you looking for? \$ \_\_\_\_\_ per hour

**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: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Briefly describe your job duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Briefly describe your job duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Briefly describe your job duties: \_\_\_\_\_  
\_\_\_\_\_

Give any other information you believe would assist us in considering you for employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

Give below the names of three persons not related to you that you have known at least one year:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Certification:**

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, and misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the Company's policies and rules found in any employee handbook, policy manual, or other communications, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Company. I understand that no Company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I HAVE READ THE ABOVE STATEMENTS:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_