



# EMPLOYMENT APPLICATION

Please complete the entire application.

## 1 . Employer Information

Ontario Youth Sports  
PO Box 125  
Ontario , Ohio 44862  
419-566-8072

It is the policy of Ontario Youth Sports to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

## 2 . Applicant Information

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License (State/Number) if applicable: \_\_\_\_\_

## 3 . Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

## 4 . Job Position Applied For (circle as many that apply)

Field Worker

Baseball/Softball Umpire

Concession Worker

Soccer Referee

Special Events Worker

## 5 . How Did You Learn About This Position

Who referred you (if none leave blank):

Do you have any friends or relatives who work here? If yes, please list here:

## 6. Preferred Shifts

Are you willing to work any shift, including nights and weekends (circle)? Yes No

If no, please state any limitations:

## 7. Proof Of Eligibility To Work

If hired, are you able to submit proof that you are legally eligible for

employment in the United States (circle one): Yes No

## 8. Applicant's Skills

Please list any skills you think would help you at this position:

## 9. Education & Training

Please list any education or training you may have, applicable to the position applying for:

## 10. Military Service

Please list any military service and if currently active:

If not currently active, please explain why (retired, medical, etc):

## 11. Mental Health/Felony

Are you currently diagnosed with any mental health conditions that does not allow you to work in an environment around the public or children (circle one): yes no

if yes explain:

Are you a felon (circle): yes no

if yes explain:

## 12. References

List any two non-relatives which would be willing to provide a reference for you.

## 12. Additional Information

Please include any other additional information you would like for us to know:

# CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Ontario Youth Sports to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its , the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Ontario Youth Sports , except in a specific written contract of employment signed on behalf of the organization by its, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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APPLICANT SIGNATURE

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DATE