



APPLICATION FOR EMPLOYMENT

USPBL MI, LLC is an equal opportunity employer and is committed to recruit, employ, and promote personnel without regard to race, color, gender, age, religion, national origin, pregnancy, veteran status, or any other class protected by state or local law in compliance with all Federal and State legislation and regulations pertaining to non-discrimination.

PLEASE PRINT ALL INFORMATION

Date: ____/____/____ Social Security Number: ____-____-____

Name: _____
LAST FIRST MIDDLE

Prior names under which you have worked: _____

Daytime Phone: _____ Evening Phone: _____

Present Address: _____
STREET CITY STATE ZIP

Are you over the age of 16? Yes No Are you legally eligible to work in the US? Yes No

Will you be available to work for the full baseball season at Jimmy John's Field, which will begin with training the first week of May 2018, with the baseball season starting on May 10, 2019 and continuing through September 8, 2019? Yes No

If no, why? _____

What days of the week are you available for work? _____

What hours of the day are you available for work? _____ to _____

Do you have any family members currently employed here? Yes No

If yes, Name: _____ Department: _____ Location: _____

Have you worked for this employer in the past? Yes No

I. EMPLOYEE HISTORY

PLEASE LIST ALL EMPLOYMENT BEGINNING WITH THE PRESENT OR LAST EMPLOYER

Date of Employment	Employer	Address & Phone	Position	Supervisor	Starting Salary	Ending Salary
From - To					\$	\$
Description of Job Duties Performed:						
Reason for Leaving Employment: <input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Laid Off <input type="radio"/> Other If other, please explain:						
Date of Employment	Employer	Address & Phone	Position	Supervisor	Starting Salary	Ending Salary
From - To					\$	\$
Description of Job Duties Performed:						
Reason for Leaving Employment: <input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Laid Off <input type="radio"/> Other If other, please explain:						
Date of Employment	Employer	Address & Phone	Position	Supervisor	Starting Salary	Ending Salary
From - To					\$	\$
Description of Job Duties Performed:						
Reason for Leaving Employment: <input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Laid Off <input type="radio"/> Other If other, please explain:						

Date of Employment	Employer	Address & Phone	Position	Supervisor	Starting Salary	Ending Salary
From - To					\$	\$
Description of Job Duties Performed:						
Reason for Leaving Employment: <input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Laid Off <input type="radio"/> Other If other, please explain:						

(Attach additional sheets if necessary)

May we contact the employers listed above? Yes No

If not, please indicate the employer(s) you do not wish us to contact and explain: _____

II. EDUCATION

	School	Location	Areas of Study	Years Attended	Graduate (Yes or No)	Diploma, Degree or Certificate
High School						
Technical School						
College						
Graduate School						

III. REFERENCES

Name	Relation	Address	Phone	Years Acquainted

IV. TRAINING AND CERTIFICATIONS

PLEASE PROVIDE ANY RELEVANT TRAINING AND/OR EXPERIENCE

Skills	Training Experience Description	Training		Certification		Experience	
		Months	Years	Months	Years	Months	Years

V. SERVICE HISTORY

IF YOU SERVED IN THE U.S. ARMED FORCES, PLEASE COMPLETE THE FOLLOWING

Branch of Service	Date of Discharge	Rank at Discharge

VI. MOTOR VEHICLE LICENSE OR PERMITS

PLEASE LIST ALL MOTOR VEHICLE LICENSES OR PERMITS YOU POSSESS

License Number	Permit Number	Personal or Commercial	State Issued	Expiration Date

Have you ever had any of your licenses/permits denied, revoked or suspended? Yes No

If yes, please explain: _____

Have you been convicted of violating any motor vehicle laws or ordinances (other than parking) within the past four (4) years?

Yes No

If yes, please explain: _____

AUTHORIZATION AND UNDERSTANDING

I certify that the information given herein is true and complete without qualification. I understand that USPBL MI, LLC may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews and I authorize USPBL MI, LLC to do the same. I understand and acknowledge that if hired, any misrepresentation or omission of fact by me on this application or during the hiring process can result in immediate discharge.

If I resign or if I am terminated, I authorize USPBL MI, LLC to use any information in its possession concerning me for reference purposes and/or if legally required to furnish any information, including disclosure of information to any third party, future employer or prospective future employer, without my receiving any prior notice, and I release USPBL MI, LLC from any liability in connection with such use or disclosure.

In consideration of my employment, I agree to conform to the rules and policies of USPBL MI, LLC, including, and without limitation, the rules and policies contained in the Employee Handbook. I understand and acknowledge that, if hired, I will be an employee at will and that my employment can be terminated, with or without cause, and with or without notice, at any time at the option of either USPBL MI, LLC or myself. I further understand and agree that no manager, representative, agent or employee of USPBL MI, LLC, except the Chief Executive Officer of the Company, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, if I am hired, and that any such agreement or representation must be in writing and signed by both myself and the USPBL MI, LLC in order to be effective.

I further understand that any offer of employment received is **conditional** until such time as the results of any required back-ground check and/or pre-employment drug testing are known, and is further conditioned upon verification of the information contained in this application. I understand and agree to furnish written parental consent, when requested, if at the time of this application I am less than 18 years of age. I also understand and acknowledge that, as a part of the hiring process, if hired, I may be required to submit to a medical/physical examination, to the extent necessary to determine my ability to perform the essential functions of the job, at the company's discretion and expense.

USPBL MI, LLC is an equal opportunity employer and therefore complies with the laws prohibiting discrimination on such factors as race, color, religion, sex, height, weight, national origin, citizenship, age, marital status, sexual orientation, disability, veteran status, physical or mental challenges, or other protected characteristics.

Application forms are active for 6 months and applicant must re-apply or reactivate their application after that period of time. Falsification of application information can be grounds for reprimand or immediate termination.

Applicant Name: _____

PLEASE
PRINT

Applicant Signature: _____ Date: _____

USPBL MI, LLC is an at-will employer and reserves the right to terminate employment at any time with or without cause (where applicable by state law.) By completing this application, you are granting USPBL MI, LLC the right to contact previous employers listed as references on this application form and any resumes or attachments. Drug tests, cognitive ability tests, physical exams, or electronic or other tests will be used in the employment decision. Please note that falsification on this application and any attachments including resumes can be grounds for reprimand and/or termination.