



Application for Employment

Soccer Time Idaho
302 3rd Avenue S.
Twin Falls, ID 83301
208-733-3316

www.soccertimeidaho.com

Today's Date _____ Hours Needed _____ PT or FT

Full Legal Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email Address _____

Job Applying for: _____

Education please circle highest grade completed 10 11 12

1. If you did not complete high school, do you have a high school equivalency diploma? Yes or No

2. Circle number of years of post high school education 1 2 3 4 5 6 7

Education beyond High School

Name and Location of Institution _____

Hours _____ Degree Received _____

Major or Specialty _____

Minor _____ Dates Attended _____

Please list any experience you have with customer service:

List any experience you have with management:

List any experience you have with children:

Please list all certifications you hold:

Do you have your CPR & First Aid certification: Yes or No

How is your driving record? _____

List any driving infractions you have received:

Have ever been convicted of a misdemeanor or felony? _____

If so please explain:

Please list your employment experience starting with your current job first.

Employer _____

Address _____

Phone _____ Job Title _____

Duties _____

Type of Business _____

Immediate Supervisor _____ Title _____

Salary (start) _____ (finish) _____ Dates (from) _____ (to) _____

Reason for leaving? _____

Full-time Part-time Hours per week _____

Number of employees you supervised (if any): _____

May we contact this employer? _____

Employer _____

Address _____

Phone _____ Job Title _____

Duties _____

Type of Business _____

Immediate Supervisor _____ Title _____

Salary (start) _____ (finish) _____ Dates(from) _____ (to) _____

Reason for leaving? _____

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Immediate Supervisor _____ Title _____

Salary (start) _____ (finish) _____ Dates(from) _____ (to) _____

Reason for leaving? _____

Full-time Part-time Hours per week _____

Number of employees you supervised (if any): _____

May we contact this employer? _____

References

List name, address, and relationship of three persons not related to you who can serve as a reference regarding your qualifications relevant to this position.

Name _____

Address _____

Phone _____ Relationship _____

Name _____

Address _____

Phone _____ Relationship _____

Name _____

Address _____

Phone _____ Relationship _____

CERTIFICATION & AGREEMENT

I hereby certify that the facts that are set forth in the above Job Application are true and complete to the best of my knowledge. I understand that falsified statements on this form shall be considered sufficient cause for dismissal. Soccer Time, Jump Time, Tumble Time Gymnastics and The Magic Tumble Bus are hereby authorized to make any investigation deemed necessary to verify the information, and any law enforcement or other organization is authorized to give all information relative to my employment, work habits, and character. I also hereby release such individuals, organizations and Soccer Time, Jump Time, Tumble Time Gymnastics and the Magic Tumble Bus from any liability for any claim or damage that may result.

Soccer Time will randomly drug-test employees for compliance with our drug-free workplace policy.

Date _____ Applicant Signature _____

For Office Use Only

Comments: _____

Date of Interview _____

Manager's Signature _____