



UNIVERSITY OF PHOENIX STADIUM

Employment Application

NAME:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER and our employment decisions are made without regard to race, color, religion, age, sex, national origin, handicap, disability or marital status. We reasonably accommodate individuals with handicaps, disabilities and bona fide religious beliefs.

Please print and completely answer all questions:

POSITION APPLIED FOR: _____ DATE: _____

Salary Range: _____ Available to start: _____

(Last Name)

(First Name)

(Middle Name)

(Address)

(City)

(State)

(Zip Code)

(Telephone Number)

(Cell/Message Phone)

(Social Security Number)

Is there any other name under which you have employment or education records? Yes _____ No _____

If yes, indicate name records are listed under: _____

Are there any days, shifts or hours you will not work? Yes _____ No _____

If yes, please explain: _____

Can you, within 3 days after employment, submit documentation verifying that you are legally eligible to work in the United States? Yes _____ No _____

Are you related to any employee of the company? Yes _____ No _____

If yes, Name: _____ Relationship: _____

Have you ever worked for Comcast-Spectacor or any of our subsidiaries before? Yes _____ No _____

Date(s): _____ to: _____ Reason for Leaving: _____

Position: _____ Supervisor's name: _____

Are you at least 18 years old? Yes _____ No _____ If not, state your age for child labor law purposes only _____

Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.) Yes _____ No _____

If yes, please explain and give dates: _____

EDUCATION: (May or may not be considered depending on job applied for.)

Describe any educational degrees, skills, training or experience you believe are relevant:

Number of years completed: _____

Do you possess a High School diploma or GED certificate: yes _____ no _____

College/University

Degree

Course of Study

Graduate School

Degree

Course of Study

EMPLOYMENT HISTORY: Please complete for full time/part-time employment

Company Name: _____ Telephone Number: (_____) _____

Address: _____ Dates Employed: _____ to: _____

Name of Supervisor: _____ Starting Salary: _____ Ending: _____

Job Title: _____ Reason for leaving: _____

Company Name: _____ Telephone Number: (_____) _____

Address: _____ Dates Employed: _____ to: _____

Name of Supervisor: _____ Starting Salary: _____ Ending: _____

Job Title: _____ Reason for leaving: _____

Company Name: _____ Telephone Number: (_____) _____

Address: _____ Dates Employed: _____ to: _____

Name of Supervisor: _____ Starting Salary: _____ Ending: _____

Job Title: _____ Reason for leaving: _____

Company Name: _____ Telephone Number: (_____) _____

Address: _____ Dates Employed: _____ to: _____

Name of Supervisor: _____ Starting Salary: _____ Ending: _____

Job Title: _____ Reason for leaving: _____

REFERENCES: Please list three employment references (i.e. supervisors, managers, co-workers, etc.)

Name	Organization/Company Name	Area Code /Telephone #
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Applicant's Acknowledgment

(Please read carefully and sign.)

I certify that the information I have given herein is true and complete to the best of my knowledge. I understand that any misrepresentation, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my immediate dismissal.

I understand that, if employed, my employment with the Employer is not for a specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, customer business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer.

I authorize investigation of all matters outlined in this application. I hereby give the company and/or its designated subscriber permission to contact previous employers, doctors, medical providers, references, and to conduct investigative background inquires on me including consumer credit, criminal convictions, motor vehicle and other reports from various Federal, State and other agencies that maintain records related to the above mentioned items, as well as, claims records on file at insurance companies. I hereby release the company and any person giving or receiving any such information for any purpose related to my employment from any liability as a result of such contacts. Information regarding credit history and driving history will not be inquired into unless it is necessary and directly related to the job applied for in this application.

Applicant's Signature

Date

Revised 02/03
