



WORK EXPERIENCE

List below your last four employers, starting with your present or last place of employment.
(You may include any verified work performed on a volunteer basis.)

| Date Mo./Yr. | Name & Address of Employer | Salary | Position | Name of Supervisor | Reason for Leaving |
|--------------|----------------------------|--------|----------|--------------------|--------------------|
| From: | | | | | |
| To: | | | | | |
| From: | | | | | |
| To: | | | | | |
| From: | | | | | |
| To: | | | | | |
| From: | | | | | |
| To: | | | | | |

REFERENCES

Give the names of three persons not related to you, whom you have known for at least three years.

| | Name & Occupation | Address | Phone Number | Years Known |
|----|-------------------|---------|--------------|-------------|
| 1. | _____ | | | |
| 2. | _____ | | | |
| 3. | _____ | | | |

APPLICANT'S SIGNATURE

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification were discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by this organization, I will abide by its rules and regulations that I understand are subject to change. I further understand that, my employment is for no definite period of time and may be terminated by either party at any time.

Applicants Signature

Date



Please answer the following questions so that we may send your application to the appropriate department:

1. Are you available to work: WEEKENDS EVENINGS WEEKDAYS
 PART-TIME FULL-TIME

2. Why do you want to work at the Mid-Hudson Civic Center / Ice Time Sports Complex?

ICE ARENA EXPERIENCE

3. Have you ever been employed in an ice arena? Yes No
4. Check all that you know how to operate:
 Zamboni Skate Sharpener Ice Edger

SKATING EXPERIENCE

5. Do you have any Hockey experience? Yes No
Figure skating experience? Yes No
Other? _____

6. Check the box that best describes your skating ability

- No Skating Experience Average Skater Advanced Skater

COACHING EXPERIENCE

7. Do you have any teaching or coaching experience in:
a. Hockey Yes No
b. Figure Skating Yes No
c. Other _____

SALES EXPERIENCE

8. Are you familiar with hockey or figure skating equipment? Yes No
9. Do you have any sales experience in:
a. Programming Yes No
b. Equipment Yes No
c. Other _____
10. Do you have any cashier experience? Yes No
11. Do you have any experience in food service? Yes No
12. Do you have box office experience? Yes No

PHYSICAL LIMITATIONS

13. Can you lift boxes? Up to 30 lbs Up to 50 lbs

OPERATOR LIMITATIONS

14. Check items that you know how to operate Forklift Personnel Lift