

2011 Grand American ----- Employment Application

Name: _____

Phone #s: Cell : _____

Address: _____

Home : _____

City, State Zip: _____

Birthdate: _____

Social Security #: _____

Date Available to Start: _____

Position Applied For:

List All Previous Experience:

Scorer _____

Loader _____

Other _____

I can work every day, from Aug 2-13?

>>>>> If not, please explain _____

Have you ever been convicted of a violation of the law other than a minor traffic violation?

If yes, please explain: _____

In Case of Emergency Notify: Name _____

Relationship _____

Address _____

Phone No. _____

Amateur Trapshooting Association (ATA) is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition, ATA does not discriminate against qualified individuals with disabilities.

Certification and Authorization – Please Read Thoughtfully

I certify that all facts contained in the application are true and complete and acknowledge that ATA is relying on the accuracy of the information provided. I authorize ATA to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to the ATA. I also authorize ATA to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or ATA. I also understand and agree that no one has authority to promise me job security or continued employment, except the President of the ATA or two corporate officials acting on behalf of the ATA

NOTE: Applicants must bring:

Passport

OR

Driver's License
AND
Social Security Card

OR

State ID
AND
Social Security Card

Signature: _____

Date: _____

Please list any other potential workers:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____