

# 2017 Grand American / US Open ----- Employment Application

Name: \_\_\_\_\_

Phone #'s: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Position Applied For:

List All Previous Experience:

Scoring \_\_\_\_\_

Loading \_\_\_\_\_

I can work every day, from July 27 - August 12, 2017?  >>>>> 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: \_\_\_\_\_

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I would like to work the 2017 US Open

I can work every day, from May 31-June 4, 2017?

>>>>> If not, please explain \_\_\_\_\_

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Please list any other potential workers:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

\*\*\*\* Please return application to: ATA Sparta 1105 E Broadway PO Box 519 Sparta, IL 62286 \*\*\*\*