

## St. Cloud Rox Gameday Employment Application Completed Applications can be submitted to info@stcloudrox.com or mailed to:

P.O. Box 7216, St. Cloud, MN 56302

	Applicant	Information					
Name:							
Name:            Phone:            Email:							
Address:							
City:							
Are you over 18 years old?	□ Yes	□ No	Birthdate:	Birthdate:			
Loc	cation(s) of En	nployment De	sired				
☐ Concessions/Hospital ☐ Scoreboard Operator  Are you available to work at lead List and specific skills or experi	☐ Camer	ra Operator ox 36 home ga ould be helpfu	☐ Press Box Pers ames? ☐ Yes I with job(s) you are ap	onnel □ No			
	Crimina	l Record					
Have you been convicted of a fe	elony?		☐ Yes	□ No			
Are you authorized to work in the United States?			□ Yes	□ No			
Do you hold a current driver's lie		□ Yes	□ No				
License number:							



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		Education	on				
High School:							
From:			Did you	graduate?	□ Yes	[	No
College:		Degre	ee:				
From:				graduate?			No
		Employment	History				
Present/Past Emp	oloyer:						
		State		Zip (	Code: _		
Supervisor:			_ Phone:	<u> </u>			
		to:					
		State:		Zip (	Code: _		
Supervisor:			_ Phone:	:			
Employed from: _		to:		May we co	ntact? □	Yes [	No
Reason for leaving	g:						
		Reference	es:				
Name:				Phone:			
Name <sup>.</sup>				Phone:			