



Application for Employment Game Time Basketball Camps

Please review all questions carefully in preparing your application.

Section 1. GENERAL INFORMATION

NAME (Last, First, and Middle Initial)		SOCIAL SECURITY NUMBER	
MAILING ADDRESS (Include apartment number, if any)	E-MAIL ADDRESS		HOME TELEPHONE
CITY	STATE	ZIP	WORK (or message) TELEPHONE
DRIVER'S LICENSE NUMBER		EXPIRATION	

Employment Preferences:

- What position are you applying for? _____
- Are you willing to travel as part of this job? y NO
- Check types of employment you will accept: FULL-TIME PART-TIME TEMPORARY SEASONAL

Section 2. BACKGROUND INFORMATION

- Other than English, what languages do you speak, read, or write fluently? _____
- Have you ever been convicted of any criminal act including sex related or child abuse related offenses?
- no YES, EXPLAIN: _____
- Please describe your basketball experience:

- How did you learn of this employment opportunity?
- NEWSPAPER GTB WEBSITE OTHER WEBSITE: _____ OTHER: _____

Section 3. EDUCATION AND TRAINING

- Have you graduated from high school or passed the GED? YES NO
- List college, business school, military training, and other relevant education.

School Name and Location	Month and Year Attended	Credits Earned			Major	Type of Degree Awarded	Year Degree Received
		Quarter	Semester	Other (Specify)			
1	From /						
	To /						
2	From /						
	To /						
3	From /						
	To /						
4	From /						
	To /						

Section 4. EMPLOYMENT HISTORY

Please list all jobs, including volunteer and part-time positions:

1. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer <input type="checkbox"/>	Number of Employees Supervised
Specific Duties:					
2. Previous Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer <input type="checkbox"/>	Number of Employees Supervised
Specific Duties:					
3. Previous Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer <input type="checkbox"/>	Number of Employees Supervised
Specific Duties:					
4. Previous Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer <input type="checkbox"/>	Number of Employees Supervised
Specific Duties:					
5. Previous Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer <input type="checkbox"/>	Number of Employees Supervised
Specific Duties:					

Section 5. DATE AND SIGNATURE

TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.

All answers and statements are true and complete to the best of my knowledge. I understand that Game Time Basketball Camps may verify this information, and that untruthful or misleading answers are cause for rejection of this application or dismissal if employed. By signing this form, I am agreeing to allow Game Time Basketball Camps to conduct a background check.

/ /

Section 6. SEND FORM TO GAME TIME BASKETBALL CAMPS

Please staple the first and second page of this application together and submit this completed application to:

**Game Time Basketball Camps
26500 Agoura Road. Suite #522
Calabasas, Ca 91301
Phone: 805 729 5539**

For further information, please see our website at:

www.gametimebasketballcamps.com

or send an e-mail to:

info@gametimebasketballcamps.com