



We are an Equal Opportunity Employer committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered.

APPLICATION FOR EMPLOYMENT

Personal Information

Name

Email:

Address		City	State	Zip
Phone Number	Cell Number	Have you ever been employed by Legacy in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you authorized to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>		If you were employed by Legacy in the past, please note dates and positions:		

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temp.		
Days Available <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
Hours Available		

Education

School Name	Location	Years Attended	Degree Received	Major

References (Not related to you and you have known at least 2 years)

Name	Title	Company	Phone

If you are attaching a resume with your employment history, you do not need to complete the below section, otherwise please complete.

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Reason for Leaving		Supervisor
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Reason for Leaving		Supervisor
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Reason for Leaving		Supervisor
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Reason for Leaving		Supervisor
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.

I authorize Legacy Youth Tennis and Education to contact references provided for employment reference checks. I understand that false or misleading information in my application or interview may result in denial of employment or immediate dismissal.

I understand that any employment offered is at will and that either I or my Employer may terminate my employment at any time, with or without cause.

Name (Please Print)	Signature
Date	

This application is only valid for 60 days from the date signed/dated above.