COLLEGE OF THE HOLY CROSS

APPLICATION FOR ATHLETIC SEASONAL EMPLOYMENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | |  | |  | | | | | | | | | | | | | | Date |  | | | | | | |
|  | | | *First* | | |  | | *Middle Init* | |  | | *Last* | | | | | | | | | | | |  |  | | | | | | |
| Permanent Address | | | | | |  | | | | | | |  | | | |  | | | |  | | | Position Desired | | | | |  | | |
|  | | | | | | *(Name)* | | | *Street* | | | | *City* | | | | *State* | | | | *Zip* | | |  | | | | |  | | |
| Present Address | | | | | |  | | | | | | |  | | | |  | | | |  | | | Phone No. | | | |  | | | |
|  | | | | | | *(Name)* | | | *Street* | | | | | *City* | | | | *State* | | | *Zip* | | |  | | | |  | | | |
| Email |  | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | |
| Member of U.S. Military Reserves or State Militia? | | | | | | | | | | | | | | | Yes No | | | | | Branch | | |  | | |  |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |  |  | | | | |
| Have you ever worked for Holy Cross before? | | | | | | | Yes No | | | | | Where? | | | |  | | | | When? | | |  | | |  | Person to be notified in case of emergency | | | | |
|  | | | | |
|  | | | | | | | | | | | |  | | | |  | | | |  | | |  | | |  | *Name* | | | | |
| Have you any relatives working or studying at Holy Cross? | | | | | | | | | | | | | | | | | Yes No | | | | | |  | | |  |  | | | | |
|  | | | | | | | | | | | |  | | | | | | |  | | |  |  | | |  | *Address* | | | | |
|  | | | | Name |  | | | | | | | | | | | | | | Dept. | | |  | | | |  |  | | |  |  |
|  | | | | |  | | | | | | | | | | | | | |  | | |  | | | |  | *Phone No.* | | |  | Relationship |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | Major Subject |  | | Dates and Degrees |
| Education | |  | |  |  | |  |  | |
|  | |  | | | | | | | |
| High School | |  | |  |  | |  |  | |
|  | |  | | | | | | | |
| College |  | | |  |  | |  |  | |
|  |  | | | | | | | | |
| Business School or Other | | |  |  |  | |  |  | |
|  | | |  | | | | | | |
| Special Training or Skills | | |  | | | | | | |
|  | | |  | | | | | | |

**Employment: List most recent employment first.**

Include military service assignments and any verifiable work performed on a volunteer basis. Exclude volunteer organizations’ names that indicate race, color, religion, sex, age, disability, national origin/ancestry, or sexual orientation.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Dates of Employment | Reason for Leaving |
| Firm: | Position: | From: |  |
| Address: | Salary:  Supervisor: | To: |
| Firm: | Position | From: |  |
| Address: | Salary:  Supervisor: | To: |
| Firm: | Position | From: |
| Address: | Salary:  Supervisor: | To: |  |

**Personal References**

Give names and addresses of three references who are not related to you and are not previous employers, such as family physicians, landlord, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Address | | |  |
| Name | Street | City | State | Occupation |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Applicant’s Signature: |  |

The College of the Holy Cross is an Equal Opportunity, Affirmative Action, Title IX Employer. The College is committed to a policy of non-discrimination and hereby reaffirms its commitment to that policy. In hiring and employment, the College policies, procedures and practices prohibit discrimination based upon race, color, religion, sex age, disability, veteran status, national origin/ancestry, sexual orientation or any other legally protected status.

**Athletic Seasonal Employment**

Payroll Add Notice

*To be completed by Athletics after the employee is hired*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Date of Hire:** |  |

***For each position that the employee will be working in, please check applicable position(s).***

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**Documentation Required:**

W-4 Form  I-9 Documents  Background Check

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisor’s Signature |  |  | Date |  |

***To be completed by Human Resources:***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Effective Date: | |  | |  | Employee ID: |  |  | Date Processed: |  |
|  | | | | | | | | | |
| Remarks: |  | | | | | | | | |
|  |  | | | | | | | | |
| Approved By *(Signature)* : | | |  | | | | | | |