

Shaffer Sports Events 601 W. 6th St Houston, TX 77007 713-699-0088

Shaffer Sports Events is an Equal Opportunity and Affirmative Action Employer and does not consider race, color, sex, age, disability, religion, national origin or veteran

Application for Employment

status as a factor in the selection for employment. How did you hear of this opening? All newly hired employees of Shaffer Sports Events are subject to an introductory period (Please check one) of ninety (90) days from the date of hire. The applicant understands that the satisfactory Newspaper Ad: completion of this evaluation period in no way constitutes an obligation by Shaffer Sport Billboard Ad: _____ Events to continue his/her employment, and that all employees are subject to termination On-Line Ad: _____ with or without cause as determined solely by the company in its best interest. This Walk-In: _____ application is considered active for sixty (60) days. Other: ____ Referred by a Shaffer Sports Events Employee: (Please Give Employee's Full Name) PERSONAL INFORMATION (Please Print or Type) SOCIAL SECURITY NUMBER: _____ Legal Name Middle **Present Address** Street Zip Phone No. Cell Phone No. Email. Driver's License No. / / State **Expiration Date** Class/Endorsements (If applicable) Position Applied For: Date Available: Pay Requirement: per Have you ever been employed by Shaffer Sports Events or a subsidiary of Shaffer Sports Events? □ Yes □ No Dates of Employment: Do you have a relative employed by this company? \square Yes \square No Name/Relationship: In case of emergency, notify: Phone Number: DID YOU MAJOR **EDUCATION** NAME AND LOCATION OF SCHOOL **GRADUATE? COURSES** If no, did you obtain a GED? Yes □ No □ HIGH SCHOOL ☐Yes ☐ No **COLLEGE** Yes □ No □ TRADE, BUSINESS OR Yes □ No □ TECH SCHOOL PERSONAL REFERENCES (NOT RELATED TO YOU) Years Known Relationship **Occupation** Phone Name JOB SPECIFIC TRAINING (Check all that apply) ☐ CPR/First Aid ☐ HAZWOPER ☐ Lockout/Tag out ☐ Incipient Firefighting ☐ Industrial ☐ Water Survival □ HAZMAT ☐ Rigger \square H2S □ OHSA □ HAZCOM ☐ Confined Space □ PPE □ MSHA ☐ Crane Safety

□ DOT/CDL

☐ Rig Pass

☐ Other

☐ Blasting/Explosives

☐ Defensive Driving

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Do you have a legal right to work in the United S	tates?	□ No			
Did you serve in the U.S. Armed Forces?	□ Yes	□ No			
	_Rate or Rank at Dis PLEASE PROVIDI			Discharge:	
 Have you ever been arrested, convicted Have you ever been convicted in a mili Have you ever been sanctioned or had y Are you currently under any investigati *Answering Yes to any of the above questions 	tary court martial? your licenses suspend on or pending charge	ded or revoked?	loyment.	 ☐ Yes ☐ Yes ☐ Yes ☐ Yes 	□ No □ No □ No □ No
	NOTICE O	F DUE PR	OCESS		
TO BE 1 1) This certifies that this application was cobest of my knowledge.			BY APPLICA as on it and informat		nd complete to the
2) I authorize you to make such investiga related matters as may be necessary in arrivmade only if and after a conditional offer providers and other persons from all liability	ving at an employment h	ment decision. as been extend	(Generally, inquiriedled.) I hereby release	es regarding medic ase employers, sch	cal history will be nools, health care
3) In the event of employment, I understand discharge. I understand, also, that I am requ					w(s) may result in
4) That I am applying for a job as an emploand correct information during this application					
5) I hereby certify by my signature below the knowledge. I further agree to hold any and a employment.					
6) I consent to all of the following pre-empl understand that the offer of employment is c					further
a) Motor Vehicle Report (MVR) (review of b) Drug Screen (DOT & Non-DOT applican c) Previous Employer Drug & Alcohol Histo d) Physical Examination & Functional Capa e) Background Check	ts) ory (DOT applican	ts, 49 CFR 382.	413)		
7) I agree and understand that this application	on for employment	t in no way obli	gates the employer t	o employ me.	
Print Name	_	Date Si	gned		
Applicant Signature					

	<u> </u>						
Give a complete record of all employment, including military, and reasons for periods unemployed during the past 10-years. Start with the most recent. If you have served in the armed forces, attached a copy of your DD214. If you have been self-employed, list up to 5 of your major clients. (Note: List employers in reverse order starting with the most recent. Add another sheet if necessary. No "see resume" responses will be accepted.							
Regulated/CDL - Applicants who will drive a regulated vehicle ¹ shall provide (10) ten years' information on those employers for whom the applicant operated such vehicle.							
Are you employed now? Yes No	May we contact your curr	rent employer?	☐ No				
EMPLOYER INFORMATION	POSITION HELD		Was position subject to EMCS A EAA				
NAME	FROM	TO	Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation?				
ADDRESS	STARTING SALARY	ENDING SALARY	□YES □ NO				
CITY STATE		TE REASON FOR LEAVING	Was position regulated by Federal or				
PHONE NUMBER CONTACT PERSON	COMMENT DIS	CHARGE RESIGN	State drug and alcohol testing requirements? YES NO				
EMPLOYER INFORMATION	POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation?				
NAME	FROM	ТО					
ADDRESS	STARTING SALARY	ENDING SALARY	☐YES ☐ NO				
CITY STATE	CHECK BOX AND STA	TE REASON FOR LEAVING	Was mosition regulated by Endand on				
PHONE NUMBER		CHARGE RESIGN	Was position regulated by Federal or State drug and alcohol testing				
CONTACT PERSON	COMMENT		requirements? YES NO				
EMPLOYER INFORMATION	POSITION HELD						
	ED ON	I mo	Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation?				
NAME	FROM	ТО					
ADDRESS	STARTING SALARY	ENDING SALARY	□YES □ NO				
CITY STATE		TE REASON FOR LEAVING	Was position regulated by Federal or				
PHONE NUMBER	☐ LAYOFF ☐ DIS	CHARGE RESIGN	State drug and alcohol testing				
CONTACT PERSON	COMMENT		requirements?				
EMPLOYER INFORMATION	POSITION HELD		W W EMCGA FAA				
NAME	FROM	ТО	Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation?				
ADDRESS	STARTING SALARY	ENDING SALARY	YES □ NO				
CITY STATE	CHECK BOX AND STATE REASON FOR LEAVING		Was mosition regulated by Endand on				
PHONE NUMBER	☐ LAYOFF ☐ DISCHARGE ☐ RESIGN		Was position regulated by Federal or State drug and alcohol testing				
CONTACT PERSON	COMMENT		requirements? YES NO				
EMPLOYER INFORMATION	POSITION HELD						
NAME	FROM	ТО	Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation?				
ADDRESS	STARTING	ENDING					

SALARY CHECK BOX AND STATE REASON FOR LEAVING

 \square RESIGN

 \square DISCHARGE

SSN:

SALARY

☐ LAYOFF

COMMENT

STATE

☐YES ☐ NO

Was position regulated by Federal or

State drug and alcohol testing requirements? YES NO

CITY

PHONE NUMBER

CONTACT PERSON

Applicant Name:

¹ Includes vehicles having a GVWR of 10,001 lbs. or more, vehicles designed to transport (15) fifteen or more passengers, or any size vehicle used to transport hazardous material in a quantity requiring placarding.