

CAMELBACK RANCH

10710 West Camelback Road
Phoenix, AZ 85037
(623) 877-8585

EMPLOYMENT APPLICATION

Personal Data

Name (Last, First, Middle) Date

Social Security Number

Address

City State Zip Code

Telephone Number ()

If employed, can you provide proof of U.S. citizenship/immigration status? Yes No

Have you been convicted of a criminal offense (other than traffic violations)? A conviction will not necessarily bar you from employment. Yes No

If Yes, explain

Position Desired

Position Desired

Type of Employment Desired Full-Time Part-Time Temporary Seasonal Day of Game

If related to anyone in our employ, state name and relationship

How did you learn of position for which you are applying?

Are you willing to work overtime if required? Yes No

Are you available to work all games during the Spring Training baseball season? Yes No

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? Yes No
If necessary, please describe what type(s) of reasonable accommodations are needed

Education Record

High School City/State

Degrees or Diplomas

College/University City/State

Degrees or Diplomas Dates Attended

Business/Vocational School City/State

Degrees or Diplomas Dates Attended

Employment History

Please list last 10 years only, beginning with the most recent. Please explain any lapses in employment.

May we contact your present employer? Yes No

1. Employer	Dates of Employment
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Address

Phone Number ()	Beginning Salary	Ending Salary
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Title

Duties

Immediate Supervisor (Name and Title)

Reason for leaving

2. Employer	Dates of Employment
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Address

Phone Number ()	Beginning Salary	Ending Salary
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Title

Duties

Immediate Supervisor (Name and Title)

Reason for leaving

3. Employer	Dates of Employment
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Address

Phone Number ()	Beginning Salary	Ending Salary
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Title

Duties

Immediate Supervisor (Name and Title)

Reason for leaving

Prior Employers

Other

Office Skills

Computer Skills

What foreign language(s) do you speak fluently?

Read?

Write?

Professional Information/Specialized Skills

Employment References

Name 1.

2.

3.

Title

Company

Address

City/State

Phone (H)

Phone (W)

Military Service

Branch of Service

Dates of Service

Emergency Contact

Contact Name

Relationship

Address

City

State

Zip Code

Home Phone ()

Other Phone ()

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the answers given by me to all questions contained herein and statements made in this application are true and correct. I understand that falsification and/or omission of material facts in this application may be cause for dismissal or disqualification whenever discovered. I understand also, that if I am hired by Camelback Spring Training LLC, I am expected to abide by all rules and regulations of the employer. I hereby authorize Camelback Spring Training LLC to conduct any background investigations with any individuals, employers or institutions they deem necessary as permitted by state and federal law and do hereby release the companies or institutions and all individuals concerned, including Camelback Spring Training LLC, from all liability whatsoever incurred in furnishing such information.

I understand that employment with Camelback Spring Training LLC is "at-will" and that either I or the employer can terminate the employment relationship at any time, with or without cause, and for any reason whatsoever not prohibited by law. I further understand that neither this document nor any offer of employment from the employer, either verbal or written, constitute an employment contract unless a specific document to that affect is executed by a member of the Board of Managers of Camelback Spring Training LLC and myself in writing.

I agree that any doctor, hospital or testing laboratory selected by the employer may conduct medical tests and may release all information necessary for the employer to determine my abilities to perform job duties, now or in the future.

I understand that my continued employment with Camelback Spring Training LLC is contingent on my ability to provide satisfactory proof of my identity and legal authority to work in the United States.

If employed, I understand that my employment is for no definite period of time and, if terminated, the employer is liable only for wages or salary earned as of the date of termination.

APPLICANT SIGNATURE

DATE

Federal and state laws prohibit discrimination in employment practices because of race, color, national origin, ancestry, religion, sex, sexual orientation, age, marital or veteran status, disability, pregnancy, citizenship status or any other characteristic protected by applicable state and federal civil rights laws.