

| Position Applied For: (Check all that may apply, in order of preference) | | | | | |
|--------------------------------------------------------------------------|-----------------------|-------------------------|-------------|----------|--|
| Access/Control Concessions | Entertainment | Grounds Crew | Kids Zone | | |
| Mascot Ticket Seller | Ticket Taker | Retail | Ushers | | |
| On-Field Emcee Promo Team | Game Night Rec | eptionist | | | |
| <i>Name:</i> First | Middle | | Last | | |
| | | | 2001 | | |
| Address:Street Primary Telephone Number: () | (| City | State | Zip Code | |
| Email Address: | | | | | |
| Do you have reliable transportation? | YesN | lo | | | |
| Can you work daytime games? | YesN | 0 | | | |
| Have you ever had a felony conviction? | YesN | lo | | | |
| If yes, explain: | | | | | |
| Are you a US citizen? | | | Yes | No | |
| If no, are you eligible/authorized to work in the US? | | | | No | |
| Are you at least 16 years of age? | | | Yes | No | |
| Have you successfully completed the state | of Mississippi's Food | Manager's Course? | Yes | No | |
| Education: | | | | | |
| High School: | | | | | |
| Are you still attending? | YesNo If | yes, will graduate on (| (MM/DD/YY): | // | |
| Secondary: | | | Degree: | | |
| Are you still attending? | _Yes No If | yes, will graduate on (| (MM/DD/YY): | // | |
| | | | | | |

Biloxi Shuckers •PO Box 173 •Biloxi, MS 39533 Tel: (228) 233-3465 •FAX: (228) 206-6187 www.biloxishuckers.com



List any special training, skills, or activities that apply to your desired positions that could benefit your experience:

| Previous Work Experience: | | | | | |
|-------------------------------------------------------------------------------------------|-----------------------------|-------------------|--------------------|------------------|--|
| Company & Length of Employment | Reason for Leaving | Employer | Supervisor | Phone# | |
| | | | | | |
| May we contact your former employer(s)? | ΥεΥε | esNo | | | |
| Personal References: | | | | | |
| Name | Relationship | | Telephone Number | | |
| | | | | | |
| | | | | | |
| Nere you referred?Yes No If so | o, who referred you? | | | | |
| | | | | | |
| ell us why you would like to join our tear الم | n: | | | ······ | |
| | | | | | |
| | | | | | |
| The Biloxi Shuckers are an Equal Opportun qualifications, without regard to race, colo | | | | | |
| certify that the information contained on | this application is true an | d accurate to the | bost of my knowled | a lunderstand th | |

Signature: ______

Date: _____

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