

# BROKEN ARROW

## Roller Sports

Name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Current School \_\_\_\_\_ What year will you graduate? \_\_\_\_\_

Do you have a driver's license? YES / NO If no, how will you get to work? \_\_\_\_\_

Do you have a Tulsa County Food Handlers Card? YES / NO

Do you know how to roller skate? YES / NO Do you own your own roller skates? YES / NO

Do you have any friends that currently work here? YES / NO If yes, who? \_\_\_\_\_

### Work History

Will this be your first job? YES / NO  
(If you answered yes, please skip to next section.)

### Previous Employers Information

1. \_\_\_\_\_ / \_\_\_\_\_  
Business name Supervisor

\_\_\_\_\_ / \_\_\_\_\_  
Dates worked from – to Reason for leaving

2. \_\_\_\_\_ / \_\_\_\_\_  
Business name Supervisor

\_\_\_\_\_ / \_\_\_\_\_  
Dates worked from – to Reason for leaving

3. \_\_\_\_\_ / \_\_\_\_\_  
Business name Supervisor

\_\_\_\_\_ / \_\_\_\_\_  
Dates worked from – to Reason for leaving

### Availability

What days & times are you available to work?

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Saturday \_\_\_\_\_
- Sunday \_\_\_\_\_

How many hours are you wanting to work per week?  
\_\_\_\_\_

Are you involved in any sports or other activities that may interfere with your work schedule? YES / NO

If yes, please list. \_\_\_\_\_

Do you have a criminal history of any kind?  
YES / NO

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_