



SLING IT! LACROSSE

APPLICANT INFORMATION		
Last Name	First	Date
Street Address		Apartment/Unit #
City	State	ZIP
Home Phone		Cell Phone
E-mail Address	Position Applied for	
Do you have a driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have access to a car?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you play lacrosse?	How long have you played lacrosse?	

EDUCATION	
High School	If in High School, Current Grade
College	Additional Education

REFERENCES	
<i>Please list two personal references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

ACTIVITIES - <i>Please list any other activities you are involved in (clubs, sports, volunteering, babysitting, church or other jobs)</i>	
Group Name	How often you meet
Participation level/ involvement	
Group Name	How often you meet
Participation level/ involvement	

PREVIOUS EMPLOYMENT	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

1. **Why are you interested in working for Sling It Lacrosse?**

2. **Do you string lacrosse heads? How long have you been stringing?**

3. **Will you be playing lacrosse or coaching during the lacrosse season?**

4. **What is your general availability currently**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY