



GREEN BAY PACKERS EMPLOYMENT APPLICATION

GREEN BAY PACKERS
1265 LOMBARDI AVENUE
P.O. BOX 10628
GREEN BAY, WI 54307-0628
Phone: (920) 569-7500
Fax: (920) 569-7301
Email: careers@packers.com

PLEASE READ CAREFULLY

Please print in ink. Please answer all questions completely. The use of this form does not indicate that there are positions open and does not obligate you or the Green Bay Packers. The Green Bay Packers are an Equal Opportunity Employer. The Green Bay Packers do not discriminate with regard to race, sex, age, religion, color, national origin, disability, sexual orientation, veteran's status, or other factors which may be regulated by statute or ordinance with respect to any employment decision, including, but not limited to, hiring.

GENERAL INFORMATION

Name _____ Date _____
Last First Middle

Former / Other Name(s) _____ Primary Phone # _____ Other Phone # _____

Current Address _____
Street City State Zip

Email Address: _____

Are you legally eligible for employment in the United States? Yes No

Have you ever been employed by the Green Bay Packers? Yes If yes, when and position. _____ No

Do you have any relatives employed by the Green Bay Packers? Yes If yes, name and position. _____ No

JOB INTEREST

_____ FULL-TIME
_____ PART-TIME
_____ SEASONAL
Position applying for Date available to start

How did you learn about this opportunity? _____

AVAILABILITY

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

Can you meet the attendance requirements of the position you are applying for (i.e. home games, days, nights, and weekends)?
Yes No If no, why? _____

EDUCATION

	Name of School	Highest Grade Completed	
High School		9 10 11 12	Graduated/GED: Yes <input type="checkbox"/> No <input type="checkbox"/>
College		13 14 15 16	Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>
			Major:
Graduate School		17 18 19 20	Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>
			Major:
Other schools (Vocational / Military)			
Additional education or training:			

EMPLOYMENT HISTORY

This section must be filled out. Please attach additional pages if needed. You may attach a resume to further explain your qualifications.

CURRENT OR MOST RECENT EMPLOYER

Name of Company		Type of Business	
Address (Street)		(City) (State)	
Employment Dates (Month & Year)	Supervisor's Name	Title	Phone Number ()
From: To:	Position Title		
Reason for Leaving		Brief Description of Job	
Reason for Leaving		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PREVIOUS EMPLOYER

Name of Company		Type of Business	
Address (Street)		(City) (State)	
Employment Dates (Month & Year)	Supervisor's Name	Title	Phone Number ()
From: To:	Position Title		
Reason for Leaving		Brief Description of Job	
Reason for Leaving		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PREVIOUS EMPLOYER

Name of Company		Type of Business	
Address (Street)		(City) (State)	
Employment Dates (Month & Year)	Supervisor's Name	Title	Phone Number ()
From: To:	Position Title		
Reason for Leaving		Brief Description of Job	
Reason for Leaving		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

REFERENCES

Name	Occupation / Employer	Address	Telephone Number
			()
			()
			()
			()

I certify that the information I have provided in this application is true and complete to the best of my knowledge and that I have not attempted to conceal pertinent facts. I understand that all information provided by me in connection with my application for employment is open to investigation by the Company and that if any such information is found to be false or misleading, the Company may reject my employment application or terminate my employment.

I further understand that if the Company hires me, I will be required to provide documentation verifying my identity and eligibility to work in the United States within three days following the commencement of my employment.

I acknowledge that if I am hired by the Company, my employment will be at will and that my employment and compensation may be terminated at any time, with or without notice, and with or without cause, by me or the Company. I understand that neither this employment application nor any other document, including policies, guidelines, procedures, benefits, handbooks or manuals, are intended to create any contractual obligation which in any way conflicts with the Company's policy that the employment relationship between the Company and each of its employees shall be at will. I understand that only the Company's President or General Manager has any authority to enter into an agreement for employment for a specified period of time and/or for relocation expenses and that any such agreement must be in writing and signed by such officer to be valid. If I am hired, I agree to comply with the Company's policies, procedures, rules and regulations.

Signature: _____ Date: _____