



# Referee/Umpire/Scorekeeper Application



Date: \_\_\_\_\_

Position(s) applying for \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

What date are you available to start working? \_\_\_\_\_

## PERSONAL

Name \_\_\_\_\_  
Last First Middle

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

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

## Experience

Please describe your referee/umpire/scorekeeping experience. Include paid and volunteer work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you refereed, umpired or kept score for HRC before? \_\_\_\_\_

Sport	Male	Female	Coed	Grade/Age Level

What sports have you refereed/umpired in the last 3 years?

Sport	Grade/Age Level	Yrs. of Experience

Please list any sports you are registered/certified to referee/umpire:

Sport	Registered/ Certified Issued by	Number of years

Do you have a current First Aid and/or CPR card? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when does it expire? \_\_\_\_\_

### Related Sports Information

What sports have you played?

Sport	Grade/Age Level	Number of years played

### References

Please list three references who are not related to you.

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

### Consent/Release

The Hays Recreation Commission does background checks on all individuals who are employed by and/or volunteer for the HRC. This includes but is not limited to: Criminal background records/information, Criminal background checks, Driver's license check, First aid experience & Address checks.

Applicant's Name (please print) \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

I authorize and give consent for the Hays Recreation Commission, to obtain information regarding myself. I authorize this information to be obtained either in writing or via telephone in connection with my application. I also understand that any false information submitted on this application will terminate my eligibility for employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_