



# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

M/F/H/V

Corporate Office:  
600 Long Wharf Drive, New Haven, CT 06511 (203) 946-3100

This application form is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and legibly. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, religion, national origin, citizenship, disabilities, or any other status protected under state, federal or local law. Sportech, Inc. will make a reasonable accommodation to known physical or mental limitations of an otherwise qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of our business. All applicants offered employment will be required to submit to a drug screening examination and annual criminal background reviews. Employment with Sportech, Inc. is subject to satisfactory results.

## PERSONAL DATA

NAME:			Social Security Number:
(First Name)	(Middle Name)	(Last Name)	
PRESENT ADDRESS:		(City)	(State and Zip Code)
MAILING ADDRESS:		(City)	(State and Zip Code)
PRESENT TELEPHONE:		(Area Code/Number)	MESSAGE TELEPHONE: (Area Code/Number)

- Yes  No Are you under 18 years of age?
- Yes  No Can you, after employment, verify that you are a U.S. Citizen or that you have a legal right to work in the U.S.?
- Yes  No Are you capable of performing the essential functions of the job for which you are applying?

## POSITION DESIRED

Type of Work Desired:

When could you be available to begin work?	Salary Desired:
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The following conditions may be required at some point in a job assignment. Are you able to satisfy the following work schedules?

- a. Shift Work?  Yes  No
- b. Overtime Work?  Yes  No
- c. Rotational Work Schedules?  Yes  No
- d. Work Schedules that include Saturdays and Sundays?  Yes  No
- e. Overnight Travel?  Yes  No

Check the appropriate box for the type of employment you seek:

- Regular, full-time
- Regular, part-time
- Temporary
- Summer

## GENERAL INFORMATION

To assist us in the processing of your application for employment; please complete the following questions regarding your contact with Sportech, Inc.

- Yes  No I have previously applied for a position with Sportech, Inc.. If yes, please indicate the date of your previous Application for Emploment: \_\_\_\_\_
- Yes  No I have previously been employed by Sportech, Inc. or Scientific Games. If yes, please indicate the dates of your previous service with Sportech, Inc. or Scientific Games.  
From \_\_\_\_\_ To \_\_\_\_\_

What prompted you to apply for a position with Sportech, Inc.? Please identify the source of referral.

- Employment Advertisement (indicate the name of the publication) \_\_\_\_\_
- Employment Agency (indicate the name of the agency) \_\_\_\_\_
- State Employment Agency \_\_\_\_\_
- College of School Placement Office (Indicate the School) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list your employment history for the past 10 years (or at least 5 employers). Start with your present status and note any periods in which you were not employed.

Employer:	Dates of Employment:	
(include Street, City, State and Zip Code)	From:	To:
Address:	Telephone Number:	
Job Title:	Reason for Leaving:	
Basic Duties and Responsibilities:	Immediate Supervisor:	
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Dates of Employment:	
(include Street, City, State and Zip Code)	From:	To:
Address:	Telephone Number:	
Job Title:	Reason for Leaving:	
Basic Duties and Responsibilities:	Immediate Supervisor:	

Employer:	Dates of Employment:	
(include Street, City, State and Zip Code)	From:	To:
Address:	Telephone Number:	
Job Title:	Reason for Leaving:	
Basic Duties and Responsibilities:	Immediate Supervisor:	

Employer:	Dates of Employment:	
(include Street, City, State and Zip Code)	From:	To:
Address:	Telephone Number:	
Job Title:	Reason for Leaving:	
Basic Duties and Responsibilities:	Immediate Supervisor:	

Employer:	Dates of Employment:	
(include Street, City, State and Zip Code)	From:	To:
Address:	Telephone Number:	
Job Title:	Reason for Leaving:	
Basic Duties and Responsibilities:	Immediate Supervisor:	

**EDUCATION AND TRAINING**

Please indicate the highest education level you have achieved by circling one of the following:

Elementary/Primary  
1 2 3 4 5 6 7 8

High School  
9 10 11 12 GED

College or University  
1 2 3 4

Graduate School  
1 2 3 4

Please identify the name and address of the high school (the last one attended) and all colleges/universities.

Name of School

Address of School (City/State)

Major/Field of Study

Type of Degree

High School

1.

2.

3.

Please indicate any other training (including military training, vocational schools, formal apprenticeship, and technical institutes) which is pertinent to your application for employment.

**Academic Achievements and Activities:**

Please list academic honors, scholarships or fellowships; memberships in academic honorary societies; or participation in or offices held in extracurricular activities you consider significant. (You may exclude all information indicative of age, sex, race, religion, color, national origin, and disability.)

**Clerical Skills:**

Please indicate the type of skill and proficiency level you have attained.

Typing \_\_\_\_\_ wpm

Shorthand/Speedwriting \_\_\_\_\_ wpm

Transcribing Machine

Adding Machine

Personal Computer

Computer Programming

Other Skills/Machines (Please identify) \_\_\_\_\_

**SECURITY**

Yes  No

Do you have any information relative to a change of name, use of an assumed name or nickname necessary to enable us to check on your work and educational record? If yes, please explain.

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

Yes  No

Do you have any relatives working for Sportech, Inc.? If yes, please list those persons by name and relationship.

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

Yes  No

I have lived at my present address for less than 5 years. If yes, please list the addresses of your residences for the last 5 years.

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

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**If you have any concerns regarding the employment consideration you receive from Sportech, Inc., you are welcome to direct those inquiries to the Human Resources Department**

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY; THEY CONSTITUTE THE CONDITIONS FOR EMPLOYMENT WITH SPORTECH, INC.

I understand and agree that:

- The information on this application for employment (and accompanying resume, if any) is true and complete to the best of my knowledge.
- Any material misrepresentations or significant omissions will be justification for refusal of employment, or if employed, termination from Sportech, Inc. employment.
- If employed, I agree to submit to periodic testing for illegal drugs and other controlled substances, and to execute such authorizations as may be requested to provide for the release of all test results to Sportech, Inc. If the results of these tests indicate a positive reaction, I understand that I will be subject to the established disciplinary procedure (which may include termination).
- Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and Sunday, or overnight travel. I understand and accept these conditions of my continuing employment.
- If employed, I agree to abide by such policies and procedures as Sportech, Inc. publishes for employees.
- I understand that any job offer which may be made is contingent on the completion of a background investigation, security check, and/or job related medical examination. The results of these activities must be satisfactory to the employer. Should the results not be satisfactory to the employer, employment will be denied, or if employed, the employment relationship will be terminated.
- My employment is on an at-will basis for no definite period of time, and both the Company and I may terminate it at any time without any previous notice or reason.
- The foregoing constitutes the entire agreement regarding the conditions of my employment with Sportech, Inc. and supersedes all other agreements, whether oral or written, concerning such employment. I understand that none of these conditions of employment, particularly with respect to at-will employment, may be changed except as authorized in writing by Human Resources.

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Signature of Applicant

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Date

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DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**Sportech, Inc.** (“the Company”) may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-725-3343, [www.edgeinformation.com](http://www.edgeinformation.com). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: \_\_\_\_\_

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

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-725-3343, www.edgeinformation.com, and/or Employer itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants only:** Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person’s presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: \_\_\_\_\_

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

**BACKGROUND INFORMATION**

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Other Names/Alias:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
**(if less than 2 years)**

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**\*This information will be used for background screening purposes only and will not be used as hiring criteria.**