

2025 WORKER APPLICATION

Please print clearly – all information required!

Name _____
Last First Middle Initial Name You Go By!

Please note that your name must be filled out exactly as it appears on your Social Security card.

Address _____ Email _____

City _____ State _____ Zip _____ Phone _____

Social Security # _____ - _____ - _____ Date Of Birth _____ Age _____

Must be completed to receive pay at end of event!

Do you have the legal right to work in the United States? _____ Can you provide proof of age? _____

Do you have any physical condition which may limit your ability to perform the job? Y _____ N _____

Please describe: _____

If minor, please list name, address and phone number for parents or legal guardians: _____

Emergency Contact Name & Phone Number: _____

If student, please list school district & grade level completed: _____

List any misdemeanors or felonies for the past three years: _____

**By signing this, you agree to work each day of the shoot, until the job is completed.
Special exceptions can only be made at the discretion of the trap worker's supervisor.**

RATE OF PAY WILL BE A MINIMUM OF \$95.00 PER FULL DAY WORKED

Final rate of pay to be determined by event, and position, worked.

Please check events you will be available to work:

- | | | | |
|---|-----------------|---|-------------------|
| <input type="checkbox"/> SCTP Regional: | TBD | <input type="checkbox"/> Cardinal Classic: | August 12 - 17 |
| <input type="checkbox"/> Karen's Cup: | May 23 - 25 | <input type="checkbox"/> Freedom Fall Classic: | September 12 - 14 |
| <input type="checkbox"/> Buckeye Open: | May 28 - June 1 | <input type="checkbox"/> SCTP Collegiate: | TBD |
| <input type="checkbox"/> Ohio State: | June 16 - 22 | <input type="checkbox"/> Daily Sporting Clays Events: | Various Dates |
| <input type="checkbox"/> SCTP Championship: | July 10 - 19 | | |

I acknowledge that the use of safety glasses and ear plugs are mandatory during these shoots and rain ponchos will be mandatory in inclement weather. These items will be provided to me, if I do not have my own, but I understand that workers who repeatedly lose their safety supplies, and have to ask for new supplies every day, will be charged for these items at shoot end. I further acknowledge that I am working at my own risk.

I understand that I will be paid in cash on the last day of each shoot, and that no taxes will be withheld, as I will be working as an independent worker rather than an employee. I also understand that Cardinal Center will be reporting to the IRS any earnings totaling over \$600 for the year, that I will receive a 1099 at the end of the year, and that I will be responsible for filing and payment of all taxes. Additionally, I acknowledge that if my address changes before the end of the year, it will be my responsibility to contact Cardinal Center with my change of address.

Worker Signature _____ Date _____

Parent/Legal Guardian Signature (if worker under 18) _____