

# SPORTS OUTLET

## APPLICATION FOR EMPLOYMENT

IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, PLEASE NOTIFY THE MANAGER ON DUTY AND EVERY EFFORT WILL BE MADE TO ACCOMMODATE YOUR NEEDS IN A REASONABLE AMOUNT OF TIME. PLEASE PROVIDE THE REQUESTED INFORMATION BELOW. FAILURE TO DO SO MAY RESULT IN DISQUALIFICATION OF YOUR APPLICATION.

**PLEASE PRINT CLEARLY.**

Today's Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Type: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\* If under 18, please state age: \_\_\_\_\_ (minors must obtain required state work/age certification)

What date can you start? \_\_\_\_\_ Expected Pay? \_\_\_\_\_

For what position are you applying? Management Full-Time Part-Time Team Sales

Which days and times are you available? If needed, additional space is provided on the next page.

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thur: \_\_\_\_\_

Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

List your states of residence for the past seven years?

Have you been convicted of a felony in the past five year? Yes No

If yes, give details:

Please describe any moving violations you have had within the last seven years:

Are you willing to relocate, if the opportunity to change positions occurred? Yes No

Check any of the following skills or types of work for which you have had prior experience or training:

\_\_\_\_\_ Business \_\_\_\_\_ Customer Service \_\_\_\_\_ Management \_\_\_\_\_ Merchandising

\_\_\_\_\_ Organization \_\_\_\_\_ Sales \_\_\_\_\_ Other \_\_\_\_\_

Please explain any circumstances that may prohibit you from performing the essential functions of this job:

What team sports have you played?

What is your highest level of participation in sports? Intramural High School College

Have you ever coached a sport or volunteered your time? Yes No

If yes, please explain

Name of Educational Facility Graduated Degree

High School Y N Y N

College/University Y N Y N

Other Y N

Please indicate your grade level 9 10 11 12 13 14 15 16

**MOST RECENT EMPLOYER** \_\_\_ Yes \_\_\_ No Are you currently working for this employer?

\_\_\_ Yes \_\_\_ No If yes, may we contact?

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Company Name City / State Phone Number

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Dates Employed Job Title Supervisor

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Salary Reason For Leaving

**SECOND MOST RECENT EMPLOYER**

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Company Name City / State Phone Number

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Dates Employed Job Title Supervisor

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Salary Reason For Leaving

***NAME PHONE YRS. KNOWN/RELATIONSHIP***

1. /

2. /

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or if discovered after employment, termination of employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness, physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by the medical professional designated by the company.

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to a drug testing to detect the use of illegal drugs prior to and during employment.

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Signature Date

*\* Include only individuals familiar with your work ability. Do not list the names of relatives.*