

**SPORTS STOP SPORTSWEAR
CONTRACTORS PRINTING**

Application for Employment

Application for Employment

Qualified candidates are considered without regard to race, color, religion, sex, national origin, age, marital status, veteran status or disability. Sports Stop is an Equal Employment Opportunity Employer.

Applicant Information

Today's Date (mm/dd/yyyy): ____ / ____ / ____

Name: _____
LAST FIRST MIDDLE

Social Security Number: ____ / ____ / ____ Telephone (H): (____) ____ - ____

Email Address: _____ Telephone (C): (____) ____ - ____

Current Address: _____
STREET CITY STATE ZIP

Length of Time at Current Address: ____ years and ____ months

Other previous addresses at which you have resided during the past three (3) years:

CITY STATE ZIP

Length of Time at this Address: ____ years and ____ months

CITY STATE ZIP

Length of Time at this Address: ____ years and ____ months

Provide the name and position of the Sports Stop employee who referred you to Sports Stop:

Employee: _____ Position: _____

Qualifications

Do you have any skills, qualifications, or experiences which you feel especially prepare you for Sports Stop?

Are you authorized to work in the United States? Yes No

If hired, when will you be able to begin employment (MM/DD/YYYY) ____ / ____ / ____

Education

Please list any education, vocational, on-the-job, military, and other training you have received. Attach an additional sheet if more space is needed.

High School

Check the Highest Grade Completed 7 8 9 10 11 12

Name of High School: _____

Address: _____
City State ZIP

Years Attended: _____ Graduate: Yes No Year of Graduation: _____

College

Name of College or Trade School: _____

Address: _____
City State ZIP

Major Course of Study: _____ Type of Degree: _____

Years Attended: _____ Graduate: Yes No Year of Graduation: _____

Other Schooling:

Name of School: _____

Address: _____
City State ZIP

Course of Study: _____

Time Attended: Years _____ Months _____

Graduate: Yes No Date of Graduation mm/yy): ____ / ____

References

Please provide at least three (3) references to verify your employment and personal history. Please DO NOT include relatives.

Reference Name: _____ Telephone: (____) ____ - _____
LAST FIRST

Address: _____
STREET CITY STATE ZIP

Occupation: _____

Relationship to you: _____

Reference Name: _____ Telephone: (____) ____ - _____
LAST FIRST

Address: _____
STREET CITY STATE ZIP

Occupation: _____

Relationship to you: _____

Reference Name: _____ Telephone: (____) ____ - _____
LAST FIRST

Address: _____
STREET CITY STATE ZIP

Occupation: _____

Relationship to you: _____

Prior Work Experience

Please list your full and part-time employment (including military service, self employment, and periods of unemployment) beginning with the most recent. For applicants applying for a job operating a commercial motor vehicle, list all employment in the last ten (10) years. Attach an additional sheet if more space is needed.

Current or Most Recent Employer:

Dates Employed (mm/yy): ____ / ____ to ____ / ____

Company Name: _____

Supervisor Name: _____ Telephone: (____) ____ - ____
LAST FIRST

Address: _____
STREET CITY STATE ZIP

Position(s) Held: _____

Description of Duties: _____

Reason for Leaving: _____

Second Most Recent Employer:

Dates Employed (mm/yy): ____ / ____ to ____ / ____

Company Name: _____

Supervisor Name: _____ Telephone: (____) ____ - ____
LAST FIRST

Address: _____
STREET CITY STATE ZIP

Position(s) Held: _____

Description of Duties: _____

Reason for Leaving: _____

Third Most Recent Employer:

Dates Employed (mm/yy): ____ / ____ to ____ / ____

Company Name: _____

Supervisor Name: _____ Telephone: (____) ____ - ____
LAST FIRST

Address: _____
STREET CITY STATE ZIP

Position(s) Held: _____

Description of Duties: _____

Reason for Leaving: _____

APPLICANT CERTIFICATION AND AGREEMENT

Please read the following document and acknowledge by signing and dating this agreement.

1. Certification of Truthfulness

I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

2. Authorization for Employment/Educational Information

I authorize the references listed in this Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.

3. Employment at Will

If I am hired, in consideration of my employer, I agree to abide by the rules and policies of this Company, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of the company, other than the President/Vice President, has the authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the President/Vice President must be made in writing to be effective.

4. Authorization to Work

If I am selected for hire I will be offered employment provided that I am authorized to work as required by the Immigration Reform Control Act of 1986.

5. Limitations on Claims

I agree that any action or suit against the Company arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within one year of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

6. Need for Accommodation

If I am a handicapper who requires an accommodation to perform the job, I must notify the Company of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as required by law.

7. Criminal Records Check

I agree to execute an authorization for the employer to secure criminal conviction history from the appropriate law enforcement agencies, should the Company determine it is necessary to do so.

I have read and understand the items one through eleven above and acknowledge that with my signature below.

I agree that if any of these commitments is ever found to be legally unenforceable as written the particular commitment concerned shall be limited to allow its enforcement as far as legally possible.

This certifies that its application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicants Name: _____
(PLEASE PRINT)

Applicants Signature: _____ **Date:** ____/____/____

Authorization for Release of Information from Current and Previous Employers and Others

I, _____, authorize Sports Stop Sportswear (Sports Stop) to inquire into any and all employment records; and other areas which may become pertinent in securing my contract.

The following information being necessary to obtain public records (motor vehicle records, credit reports, past week history, etc.). I am voluntarily supplying same:

Name: _____
LAST FIRST MIDDLE

Date of Birth (mm/dd/yyyy): ____/____/____ Social Security Number: ____-____-____

Driver's License Number: _____ License State: _____

To all of my previous employers, and holders of public records:

EMPLOYER CITY STATE ZIP

EMPLOYER CITY STATE ZIP

EMPLOYER CITY STATE ZIP

EMPLOYER CITY STATE ZIP

EMPLOYER CITY STATE ZIP

Signature: _____ **Date:** _____