

Employment Application



Personal Information

First Name	Middle Name	Last Name	Date / /
Address		City	State Zip
Primary Phone		Secondary Phone	
Position Applying for:	Available: / /	Number of hours per week desired:	

Please disclose availability:

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM							
TO							

How were you referred to JP Sports? _____

What locations are you applying for? Edison Mall Gulf Coast Town Center Port Charlotte Town Center Mall Cape Coral

Are you 18 years or older? Yes No If no, Are you 16 years or older? Yes No

Education

	Name and Location	Degree	Graduated
High School	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State		
College	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State		
Grad School	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State		
Other	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State		

US Military Service

Branch of Service	Specialization	Rank Attained
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Legal

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever discharged by any company? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give name of company(s) _____
Reason for discharge _____
Have you ever been convicted or pled guilty or nolo contendere to a misdemeanor or a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____
If hired will you willfully submit to a drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No

Work Experience

Please list former and current employers starting with your most recent work experience

From	To	Name and Location		Wage/hr	
/	/	Name	Supervisor Name	Starting	Last Position Held
Month/Year	Month/Year	City, State	Phone #	Ending	Reason for Leaving
/	/	Name	Supervisor Name	Starting	Last Position Held
Month/Year	Month/Year	City, State	Phone #	Ending	Reason for Leaving
/	/	Name	Supervisor Name	Starting	Last Position Held
Month/Year	Month/Year	City, State	Phone #	Ending	Reason for Leaving
/	/	Name	Supervisor Name	Starting	Last Position Held
Month/Year	Month/Year	City, State	Phone #	Ending	Reason for Leaving

Have you ever been employed by JP Sports? Yes No

Name of Supervisor _____

Date Employed From: / / To: / /

References

Please list business references only (not relatives)

Name	Company	Phone Number	Title	Yrs Known

Please Read Carefully

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand and agree that if employed, employment will be "at will." That is, either I or the employer may end the employment relationship at any time for any reason, or for no reason. I understand that receipt of this application does not imply employment and that this and/or any other documents are not contracts of employment.

Applicant Signature: _____

Date: / /