

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? _____

Are you willing to work at other JP Sports locations? Yes 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:

/ /