



APPLICATION FOR EMPLOYMENT
 APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS
PLEASE COMPLETE ALL SECTIONS

Under the age of 18 needs a work permit to be employed by SPC sports.

PERSONAL INFORMATION				
				DATE:
Last Name	First	Middle Initial	Maiden	
Present Address		City	State	Zip
How Long?		Social Security Number --- ---		
Telephone ()	If under 18, please list age			
Position applied for		Salary desired (Be specific)		
Days/Hours available to work No preference _____ Mon_____ Tue_____ Wed_____ Thur_____ Fri_____ Sat_____ Sun_____				
How many hours can you work weekly?		Can you work nights?		
Employment desired _____FULL-TIME _____PART-TIME _____FULL OR PART-TIME				
When are you available to start work?				

Driver's License Information		
DO YOU HAVE A DRIVERS LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your means of transportation to work?		
Driver's License Number:	State of Issue:	Expiration Date:
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.		

Note: A crime of any sort does not detour you from employment with SPC Sports but is needed to be known for background history.		

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EDUCATIONAL BACKGROUND				
Type of School	Name of School	Location	Number of years completed	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional School				

References	
Please list two references other than relatives or previous employers.	
Name	Name
Position	Position
Company	Company
Address	Address
Telephone ()	Telephone ()

Military		
Have you ever been in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you now a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty:	Date Entered:	Discharge Date:

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Work Experience

Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name.

Attach additional sheets if necessary.

Name of employer:			
Address:	City:	State:	Zip:
Phone Number:	Name of last Supervisor:		
Employment Dates- From: To:	Pay or Salary- Start: Final:		
Your last job title:			
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Address:	City:	State:	Zip:
Phone Number:	Name of last Supervisor:		
Employment Dates- From: To:	Pay or Salary- Start: Final:		
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Additional Information

An application can sometimes make it difficult for an employer to adequately summarize a complete background. Use the space below to summarize any additional information to describe your full qualifications for the specific position you are applying for or any information you would like for the interviewer to know prior to the interview.

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

Applicant signature

Date

Interviewer signature

Date

For official use only

Interview Date: _____ Time: _____ Interviewer Name: _____

Softball/Baseball experience? _____

Sales experience? _____

Packing/Shipping experience? _____

Work permit required? _____

Contacted previous employer? _____ Comments: _____

Hire date: _____ Starting pay: _____

Starting shift: M _____ Tues _____ Wed _____ Thurs _____

Fri _____ Sat _____ Sun _____