

Sports South

APPLICATION FOR EMPLOYMENT

Date _____

Position and shift applying for _____

Full Name _____ Telephone # _____

Social Security Number _____ Email Address _____

Driver's License Number _____ State _____

Current Address: Street _____

City/State/Zip _____

Time at present address _____ Years in city _____ US Citizen _____

Previous address: Street _____

City/State/Zip _____

In case of emergency, notify _____ Telephone # _____

Relation _____ Address _____

Height _____ Weight _____ Health _____

Circle education: Grade School - Diploma - GED - College Year Received _____

Trade occupation _____ Special Training _____

List friends/relatives working for us _____

Have you ever filed an employment application here before? _____

Do you have income, other than what you will receive from us? _____

If married, does your wife/husband work? _____ For whom? _____

How many times have you smoked marijuana in the last three years? _____

Do you have any type of police record? _____ If so, for what? _____

Are you a registered voter? _____ City _____ Parish _____ State _____

Are you legally eligible for employment in the United States? _____

Are you accustomed to hard work? _____

How many hours and days can you work? _____

If employed, are you willing to cooperate in every manner with your fellow employees and management? _____

How did you hear about us? _____

Past employment: (List most recent employment first)

Date Started	Date Ended	Company	City/State
Reason for leaving			
Date Started	Date Ended	Company	City/State
Reason for leaving			
Date Started	Date Ended	Company	City/State
Reason for leaving			

Have you ever been fired from a job? _____ Reason for firing _____

References: Persons who have known you for at least three years. Do not list family members.

Name	Address	Telephone

Unemployment insurance record

Date most recent payment received _____ Payments started _____

Date previous group of payment ended _____ Payments started _____

Have you received any workers' compensation claims from any previous employer from an injury, disability, or other medical condition? _____ (Note: Failure to answer truthfully may result in your forfeiture of workers' compensation benefits under R.S. 23:1208.1.)

As a part of this application for employment with our company, a routine inquiry may be made to provide us with further applicable information concerning your character, general reputation, personal characteristics and background. Upon written request to the company, within three (3) days after your receipt of this notice, information as to the nature and scope of the inquiry, if one is made, will be provided to you. Our company also has instituted a no tolerance drug/alcohol policy including both pre-employment drug screening and random testing throughout the year. A copy of the drug policy will be given to you for your review.

I understand that any false statements or misrepresentations made during the application process either in writing or in the interviews shall result in the rejection of my application.

It is understood that my employment is for an indefinite period of time and if I am accepted for employment, such employment may be terminated at any time without previous notice; all wages to cease at the time of such termination.

I hereby certify the information given in the application is true and correct, and I acknowledge understanding and agreement to the above provisions. I understand and agree to have my record investigated as to felonies, misdemeanors, or any other arrest. Further I waive such legal rights if any that I may have and do release any and all persons from liability in connection with furnishing such information about me to the below listed company or business.

Signature _____ Date _____

Print Name _____