

# 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 \_\_\_\_\_