

Employment Application

Application Date $_$	 	

Last Name	Firs	First Name		()
Street Address	City	City, State, Zip		Home Phone Other Phone	
Have you previously applied for a position	or worked for our Comp	anv? ves no	(If yes, please list dates	and location of previ	ous employment):
	•	. —. —		•	• •
If given a conditional offer con your		If given a go	nditional offen please l	as arrang that for cont	in nositions
If given a conditional offer can you:		additional v	nditional offer, please be erifications may be req	uired, including pre-e	mployment drug
-Furnish proof that you are at least 18 year if under 18, eligible for employment?	s of age or, yes no	testing, crin	inal background check	s, and motor vehicle i	ecord reports.
-Furnish proof that you are eligible for					
employment in the United States?	yes no				
Are there any special circumstances necessar	ary for you to perform tl	e job for which you ar	e applying? yes	no (If yes, please	explain):
EMPLOYMENT DESIRED					
EMPLOTMENT DESIRED \$					
Position Desired	# hrs/wk and d	# hrs/wk and days of the week you are available			Start Date
Secondary Position	# hrs/wk and d	# hrs/wk and days of the week you are available			Start Date
EDUCATION					
Circle highest grade	Grade School	High School	Jr Colle		College
or # of years completed 4	1 5 6 7 8	9 10 11 12	1 2 3	1.	2 3 4 5 6 7
		City, State, Zip Grad			
High School	City	City, State, Zip		Diploma	
College	City	City, State, Zip		Diploma or Degree	
Other School	City	City, State, Zip		Diploma or Degree	
Summarize any experience, knowledge, skil	lls, abilities, or specialize	d training you would li	ke us to know about:		
3	,, r				
EMPLOYMENT HISTORY (List 1	most recent employer fir	st. This section must be	completed even if a re	sume is attached)	
From:To:	Company Name:				
Reason For Leaving:					
<u> </u>					
D 10 W 11		7. 1			
Position Held:		•	State, Zip:		
Phone Number:	Supervisor Na	Supervisor Name: Ma			?YN

EMPLOYMENT HISTORY (Continued) __ To:_____ From: **Company Name:** Reason For Leaving: Position Held: City, State, Zip: Phone Number: _____ Supervisor Name: May we contact this employer? ___Y ___N _ To:____ **Company Name:** Reason For Leaving: _____ Position Held: City, State, Zip: _____ Supervisor Name: May we contact this employer? ___Y ___N **Phone Number:** Please account for any periods of unemployment in the space provided below: From: Explanation:__ To: From: Explanation: To: In order to select the best possible candidate for employment, it is the policy of KemperSports Management to verify all of the statements you make on your application, including those regarding your employment history and your academic background (where this is a job requirement). PLEASE READ AND INITIAL EACH SECTION LISTED BELOW I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsification of information requested in this document or omission of information may disqualify me from further consideration for employment, or, if discovered after I am hired, may result in my immediate discharge from employment. (Applicant's Initials) I authorize investigation of all statements contained herein and references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may (Applicant's Initials) result from furnishing same to you. I understand and agree that this Employment Application does not constitute a contract of employment, and that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any or no reason, with or without prior notice. I also understand and agree that, if hired, the terms and conditions of my employment may be changed, with or without notice, at any time by Kemper Sports Management absent an enforceable, executed, written agreement to the contrary. (Applicant's Initials) I understand that if selected for employment with the Company, I may be required to participate in a pre-employment drug testing program at a company authorized, licensed medical facility which includes screening for the presence of controlled substances. I understand that the results will be kept strictly confidential. I hereby release Kemper Sports Management, any employees or agents thereof from any and all claims or causes of action resulting therefrom. _____ (Applicant's Initials)

KemperSports is an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, race, color, creed, ancestry, religion, disability, national origin, citizenship status, veteran status, marital status, military status, sexual orientation, pregnancy, medical condition or any non-job or non-business related factors or any other basis upon which discrimination is prohibited by the municipal, state, or other federal law. No question on this application is intended to secure information to be used for such discrimination.

Date:

Applicant Signature:____