

Employment Application		Appl	Application Date		
Last Name	First Name	Middle	_ ()		
Street Address	City, State, Zip Home		Phone Other Phone		
Email Address:					
Have you previously applied for a position or worl	ked for our Company? YES	If yes, please list dates	s and location of previous employment):		
If given a conditional offer can you: -Furnish proof that you are at least 18 years of ag if under 18, eligible for employment? -Furnish proof that you are eligible for employment in the United States?		additional verifications may be re	se be aware that for certain positions, equired, including pre-employment drug ecks, and motor vehicle record reports.		
Are there any special circumstances necessary for y	you to perform the job for w	hich you are applying? yes	no (If yes, please explain):		
EMPLOYMENT DESIRED			ø		
Position Desired	# hrs/wk and days of the week you are available		Salary Expected Start Date		
Secondary Position	# hrs/wk and days of the week you are available		Salary Expected Start Date		
EDUCATION Select highest grade or # of years completed CHOOSE ONE					
High School	City, State, Zip	Graduate?	Diploma		
College	City, State, Zip	Graduate?	Diploma or Degree		
Other School	City, State, Zip	Graduate?	Diploma or Degree		
Summarize any experience, knowledge, skills, abili	ties, or specialized training	you would like us to know about:			
EMPLOYMENT HISTORY (List most reco	ent employer first. This sect	tion must be completed even if a 1	resume is attached.)		
From:To:	Company Name:				

City, State, Zip:

May we contact this employer? _

Supervisor Name:

Position Held:

EMPLOYMENT HISTORY (Continued)				
From:To:	Company Name:			
Reason For Leaving:				
Position Held:		City, State, Zip:		
Phone Number:	Supervisor Name:		May we contact this employer?YN	
	-			
From: To:	Company Name:			
Reason For Leaving:				
Position Held:		City, State, Zip:		
Phone Number:	Supervisor Name:		May we contact this employer?YN	
Please account for any periods of unem	ployment in the space provided below:			
From:	Explanation:			
То:	•			
From:	Explanation:			
То:	•			
			Management to verify all of the statements you	
-			background (where this is a job requirement).	
PLE	ASE READ AND INITIAL EA	ACH SECTION LIST	TED 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)				
			ny and all information concerning my previous parties from liability for any damage that may(Applicant's Initials)	
no definite period and may, regardle	ss of the date of payment of my wall and agree that, if hired, the terms an	ges and salary, be termind conditions of my empl	yment, and that, if hired, my employment is for nated at any time for any or no reason, with or oyment may be changed, with or without notice, the contrary. (Applicant's Initials)	
company authorized, licensed medica	l facility which includes screening for	or the presence of control	in a pre-employment drug testing program at a led substances. I understand that the results will ents thereof from any and all claims or causes of (Applicant's Initials)	
Applicant Signature:			Date:	
rr				

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.