







EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

KIDSPORTS is a drug-free workplace

POSITION APPLIED FOR:		TO THE BOOK	
HOW DID YOU LEARN ABOUT THIS	POSITION?:		
PERSONAL INFORMATIO	N:		
Full Name:		Date:	
Street Address:		Home Phone Business	
City, State, Zip Code :		Phone: () Social Security #:	
Position Applying For:		Salary Desired:	
Have you ever applied for employment with us?: Yes No If yes: Month and Year: Location:		When will you be available to begin work?:	
Are you legally eligible for employment in the United States?:		Will you work overtime if asked?:	
Email:			
EDUCATION			
	NAME AND LOCATION:	DATES ATTENDED:	SUBJECTS STUDIED:
HIGH SCHOOL:			
COLLEGE:			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL:			
OTHER:			
TRAINING:			
SKILLS:			



EMPLOYMENT HISTORY:

Please list last three employers, beginning with last one first.

Company Name:	Telephone: ()
Address:	Employed From: To:
Name of Supervisor:	Salary Start: End:
State Job Title and Describe Your Work:	Reason for Leaving:

Company Name:	Telephone:
Address:	Employed From: To:
Name of Supervisor:	Salary Start: End:
State Job Title and Describe Your Work:	Reason for Leaving:

Company Name:	Telephone:
Address:	Employed From: To:
Name of Supervisor:	Salary Start: End:
State Job Title and Describe Your Work:	Reason for Leaving:

REFERENCES:

Give below the name of 3 persons not related to you, who you have known at least one year.

NAME	ADDRESS	BUSINESS	PHONE
			()
			()
			()

PHYSICAL RECORD:	
List any physical or mental conditions that perform this job:	might interfere with your ability to
IN CASE OF AN EMERGENCY NOTIF	Y:
Name:	Relationship
Phone: ()	Email:
The information provided in the Applicati complete. If employed, any misstatement result in my dismissal. I understand that acceptance of any offer	t or omission of fact on this application may
contractual	
obligation upon the employer to continue	e to employ me in the future.
If you decide to engage an investigative of	onsumer-reporting agency to report on my
	u to do so. If a report is obtained you must agency so I may obtain from them the nature ned in the report.
Signature	Date
	without discrimination based on race, creed, color, sex, or any condition prescribed by state or local law.

EMERALD KIDSPORTS BACKGROUND CHECK AUTHORIZATION

I authorize and give KIDSPORTS the right to contact and obtain information
from all references, employers, educational institutions, and others who have or offer
information KIDSPORTS deems relevant to my qualifications for employment, and to
check my criminal background. I release from liability KIDSPORTS and its
representatives for seeking, gathering and using such information, and all other persons,
corporations or organizations for furnishing the information.
Date:
Signature:
Please Print Full Name:
Other States or Countries Lived In:
Other Last Names Used:
Date of Dirth
Date of Birth: