

Good Sports Outdoor Outfitters

(An Equal Opportunity Employer)

APPLICATION FOR EMPLOYMENT

THE FAILURE TO COMPLETELY ANSWER EACH QUESTION WILL PREVENT FURTHER PROCESSING OF THIS APPLICATION

First Name and Middle Initial	Last Name	Social Security Number
Home Address (Number Street or Rural Route – Do not use P.O. Box)		Telephone Number
City or Town, State and Zip Code		Alternate Number (e.g. Beeper)

<p style="text-align: center;">IN CASE OF EMERGENCY NOTIFY:</p> Name _____ Relationship _____ Phone No. _____	<p style="text-align: center;">MILITARY SERVICE RECORD:</p> Branch of Service _____ Discharge Date _____ Discharge Rank _____
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EDUCATION

School Level	Name of School	City and State	No. of Years or Hrs Completed	Degree, Diploma, or Certificate
High School				
College				
Trade School				

DESIRED EMPLOYMENT

Position	Date You Can Start	Minimum Salary Expected
Are You Employed Now?	If So, May We Inquire of Your Present Employer?	
Ever Applied to Good Sports Outdoor Outfitters Before?	Where?	When?
Ever Worked for Good Sports Outdoor Outfitters Before?	Where?	When?
Reason for Leaving Good Sports Outdoor Outfitters:		
How Did You Hear About Good Sports Outdoor Outfitters? State Employment Office, Friend, Walk-In, Newspaper Advertising, If So, Which Newspaper? _____ Other: _____		

Have you ever been convicted of a Felony? If yes, explain:
Have you ever been convicted of a Misdemeanor involving theft of money or merchandise? If yes, explain:
Have you ever been given a Deferred Adjudication sentence that has not yet been successfully completed? If yes, explain:

A “yes” answer to any of the three questions above will not necessarily exclude you from consideration.

Under the Federal Statutes, an employer has the right to make reasonable pre-employment inquiries into your ability to perform job-related functions. Many of the job assignments for our employees require strenuous physical labor for sustained periods of time. The information you give below is the limited purpose for our managers to determine your ability to perform these job-related functions and to determine reasonable job assignments for you. It will in no way exclude you from any job, which you are able to perform.

Based upon the position you desire is there any reason that you are not able to perform the duties required, with or without accommodation?

PERSONAL REFERENCES

Name	Address	Phone No.	No. Years Known
1.			
2.			
3.			

FORMER EMPLOYERS

(LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

Name of Present or Last Employer			Phone No.	
Address		City	State	Zip
Starting Date	Ending Date		Job Title	
Name of Supervisor	May We Contact You Supervisor?		Starting Salary	Ending Salary
Description of Work				
Reason for Leaving				

Name of Present or Last Employer			Phone No.	
Address		City	State	Zip
Starting Date	Ending Date		Job Title	
Name of Supervisor	May We Contact You Supervisor?		Starting Salary	Ending Salary
Description of Work				
Reason for Leaving				

Name of Present or Last Employer			Phone No.	
Address		City	State	Zip
Starting Date	Ending Date		Job Title	
Name of Supervisor	May We Contact You Supervisor?		Starting Salary	Ending Salary
Description of Work				
Reason for Leaving				

I hereby authorize investigation of all information concerning my previous employment, and any pertinent information such employers may have, personal and otherwise, and release all parties from all liability for any damage that may result from furnishing same to Good Sports Outdoor Outfitters. **I declare that all statements contained in this application are true and correct, and understand that false or inaccurate information will be the basis for dismissal. I hereby declare that I have legal status to work in the Untied States.**

X

APPLICANT SIGNATURE

DATE

This application shall remain current for only sixty (60) calendar days. After that time if you have not heard from Good Sports Outdoor Outfitters and still wish to be considered for employment, it will be necessary for you to fill out a new application.