Employment Application



Personal I	Personal Information										
First Name Middle Name		Last Name			Date						
									/	/	
Address				City			State	1	Zip	•	
Primary Phone	2				Secondary Ph	one					
Position Apply	ing for:	_		Available:			Number of ho	ours per week o	desired:	_	
				/ /							
Please discl	ose availabi	lity:						1			
	MON	TUES	WED	THURS	FRI	SAT	SUN	-			
FROM											
ТО											
How were	you referre	ed to JP Sp	orts?		·		L	1		_	
				Edison [Gulf Coa	ast Town	つ Port Ch	arlotte	Cape		
What locat	tions are yo	ou applyin	g for?	Mall		nter		nter Mall	Coral		
				_	if the Area	16 100		, n	_		
Are you 18	syears or o	laer	└ Yes	L No	It no, Are	you 16 yea	rs or older :	? LI	Yes	No	
Education											
	Name and	Location					Degree	Degree		Graduated	
	Name					_	Γ			_	
High School	City, State						1		🗌 Yes		No
College	Name								🗌 Yes		No
College	City, State										NO
Grad School	Name								🗌 Yes		No
	City, State										
Other	Name							No			
Other	City, State				Yes 🗌		No				
US Militar	y Service										
Branch of Service				Specialization			Rank Attained		ł		
Legal											
Are you le	gally autho	rized to wo	ork in the Un	nited States	s?		Yes 🗌	No			
Were you ever discharged by any company? 🗌 Yes 🗌 No											
If yes, give name of company(s)											
Reason for discharge											
Have you ever been convicted or pled guilty or nolo contendere to a misdemeanor or a felony?											
If yes, please explain											
If hired wil	l you willfu	Illy submit	to a drug tes	st?		Yes 🗌	No				

Work Experience

<u> </u>								
Please list	former an	d current em	ployers start	ing with y	our most recent v	vork experien	ce	
From	То	Name and Location W				Wage/hr		
		Name			Supervisor Name		Starting	Last Position Held
/	/							
Month/Year	Month/Year	City, State			Phone #		Ending	Reason for Leaving
		Name			Supervisor Name		Starting	Last Position Held
/	/							
Month/Year	Month/Year	City, State			Phone #		Ending	Reason for Leaving
,	,	Name			Supervisor Name		Starting	Last Position Held
	/				DL		F 1	
Month/Year	Month/Year	City, State			Phone #		Ending	Reason for Leaving
Have you	ever been	employed by	JP Sports?			Yes 🗌	No	
Name of S	Supervisor							_
Date Employed		From:	/	/	То:	/	/	,

References

Please list business references only (not relatives)								
Name	lame Company		Title	Yrs Known				

Equal Opportunity Employer

All qualified applicants will receive consideration for employment without regard to race, color, religion, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status.

Please Read Carefully

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand and agree that if employed, employment will be "at will." That is, either I or the employer may end the employment relationship at any time for any reason, or for no reason. I understand that receipt of this application does not imply employment and that this and/or any other documents are not contracts of employment.

I hereby authorize JP Sports and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education and criminal conviction record information which may be maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

Applicant Signature:	Date: /	/	/
	Bute.	/	