



PERSONAL INFORMATION

Form with fields: FULL LEGAL NAME, DATE, PRESENT ADDRESS, CITY, STATE, ZIP, PERMANENT ADDRESS, HOME PHONE, BUSINESS PHONE, ARE YOU 18 YEARS OR OLDER?, CELL PHONE, EMAIL.

DESIRED EMPLOYMENT

Form with fields: POSITION APPLYING FOR, DATE YOU ARE AVAILABLE, SALARY DESIRED, ARE YOU EMPLOYED NOW?, DO YOU WANT: Regular full-time work, Temporary work, IF HIRED: Can you present evidence of your legal right to work in the U.S.?, WHO REFERRED YOU TO THIS COMPANY?

PERFORMANCE OF ESSENTIAL JOB FUNCTIONS

Text area: Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? (If no, describe the functions that cannot be performed.) Yes No

EDUCATION

Table with 5 columns: SCHOOL LEVEL, NAME & LOCATION OF SCHOOL, # OF YRS COMPLETED, DID YOU GRADUATE?, DEGREE / DIPLOMA. Rows include HIGH SCHOOL, COLLEGE / UNIVERSITY, VOCATIONAL / BUSINESS, OTHER.

## FORMER EMPLOYERS

LIST ALL YOUR EMPLOYERS OVER THE PAST 7 YEARS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? Yes	No	STARTING WAGE \$ PER	FINAL WAGE \$ PER
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? Yes	No	STARTING WAGE \$ PER	FINAL WAGE \$ PER
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? Yes	No	STARTING WAGE \$ PER	FINAL WAGE \$ PER
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? Yes	No	STARTING WAGE \$ PER	FINAL WAGE \$ PER
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? Yes	No	STARTING WAGE \$ PER	FINAL WAGE \$ PER
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

## MILITARY SERVICE

SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY
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## CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (felony or serious misdemeanor)?	Yes	No
(Note: Convictions for marijuana-related offenses that are more than 2 years old need not be listed. Convictions will not necessarily disqualify an applicant for employment.)		
IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE(S).		
(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)		

## ADDITIONAL INFORMATION

SPECIAL LICENSES OR CERTIFICATIONS
OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT WITH THIS COMPANY

## PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

## AUTHORIZATIONS – *Read and initial each paragraph, then sign below:*

\_\_\_\_\_ **TRUTHFULNESS OF APPLICATION:** I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

\_\_\_\_\_ **AUTHORIZATION TO INVESTIGATE:** I authorize any of the persons or organizations referenced in this application to give the Company any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize Steele Weddle Running Centre, LLC (dba Athletic Annex) to request and receive such information.

\_\_\_\_\_ **AT-WILL RELATIONSHIP:** I understand and agree that if I am offered employment with the Company it will be on an “at-will” basis. This means that either I or the Company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the “at-will” nature of my employment with Steele Weddle Running Centre, LLC (dba Athletic Annex) is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of the Company I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.

\_\_\_\_\_ **SEARCH OF PUBLIC RECORDS:** Should a search of public records—including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment—be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the above paragraph.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE