



ELITE

SPORTSWEAR, L.P

PO Box 16400, Reading, PA 19612-6400

~ EMPLOYMENT APPLICATION FORM ~

PLEASE PRINT

Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Email address: _____

Home Telephone: (____) _____

Business Telephone: (____) _____

How were you referred: _____ Newspaper _____ School _____ On My Own

_____ Co. Employee** _____ Agency _____ Other

**Name of current Elite employee that you were referred by:

Day Shift Preferred Hours: _____ Evening Shift Preferred Hours: _____

TYPE OF WORK DESIRED:

Indicate the Position for which you are applying:

What is your minimum salary requirements?: _____

Date Available for work: _____

Do you have any commitments to another employer which might affect your employment with us?

This application will be considered only for employment purposes by the Company for a period of ninety (90) days from this applications date, after which a new application must be completed and filed.

EDUCATIONAL DATA

Print name, address, city, and state, and zip code for each school listing

Type of Course or Major

Degree Received

HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE, BUS., NIGHT or CORRESPONDENCE			
OTHER			

MILITARY EXPERIENCE

Were you in the US Armed Forces? YES NO

If yes, did you receive an honorable discharge? YES NO

Have you ever been convicted of a felony or misdemeanor? YES NO

A positive response does not necessarily preclude you from employment.

If yes, please describe the charge.

EMPLOYMENT HISTORY

List present employer or most recent employer first. (use other side of this application, if necessary).

May we contact your current employer(s)? _____ YES _____ NO

We reserve the right to contact your former employers in order to verify the employment information reported.

Employer: _____ Address: _____ Telephone: _____
_____ (_____)_____

Employed from _____ Supervisor's Name: _____ Your Job Title: _____
(mo./yr): _____
to (mo/yr): _____

Your Salary: _____
Start: _____ End: _____

Job Duties: _____

Reason for leaving: _____

.....
Employer: _____ Address: _____ Telephone: _____
_____ (_____)_____

Employed from _____ Supervisor's Name: _____ Your Job Title: _____
(mo./yr): _____
to (mo/yr): _____

Your Salary: _____
Start: _____ End: _____

Job Duties: _____

Reason for leaving: _____

EMPLOYMENT HISTORY cont ...

Employer: _____ Address: _____ Telephone: _____
_____ () _____

Employed from (mo./yr): _____ Supervisor's Name: _____ Your Job Title: _____
to (mo/yr): _____ _____

Your Salary: Start: _____ End: _____

Job Duties: _____

Reason for leaving: _____

.....
Employer: _____ Address: _____ Telephone: _____
_____ () _____

Employed from (mo./yr): _____ Supervisor's Name: _____ Your Job Title: _____
to (mo/yr): _____ _____

Your Salary: Start: _____ End: _____

Job Duties: _____

Reason for leaving: _____

GENERAL INFORMATION

Are you physically able to complete the essential functions of the job, with/without reasonable accommodation? _____ YES _____ NO

Have you previously applied for employment at this company? _____ YES _____ NO

Have you previously been employed at this company or its subsidiaries? _____ YES _____ NO
If yes, when? _____

Are any of your relatives employed by the company?
_____ YES _____ NO

If yes, please list name and department: _____

Please include any other information you think would be helpful in considering you for employment, including additional work experience, articles/book published, activities, accomplishments, and so forth. Exclude all information of age, sex, race, religion, color, national origin, and handicap(s).

APPLICANT’S REPRESENTATIONS FOR EMPLOYMENT

Should I be employed by the Company, I agree to conform to the Company’s rules and regulations, and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself.

I certify that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I authorize persons, schools, current employer and previous employers, and organizations named in this application to provide the Company with any relevant information that may be required. I further release all parties providing information from any and all liability or claims for damages whatsoever that may result from this information’s release, disclosure, maintenance, or use.

This application has been read by me in its entirety.

Signature date

POLICY:

An offer of employment is contingent upon successful completion of a pre-employment drug screening and criminal background history, as well as ability to produce valid documentation for I-9 certification. Any individual who refuses to submit to testing will not be considered for employment.

ACKNOWLEDGEMENT:

I understand and agree that I must successfully complete a drug screening prior to my employment by Elite Sportswear, L.P.

Signature Date