

**JCD SPORTS GROUP**  
Employment Application



**APPLICANT INFORMATION**

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.				Desired Salary		
Position Applied for										
Days/Shifts available										
What type of work schedule to you prefer?	Part-time	Full-time	Are you 18 years of age or older				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have transportation to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have friends or relatives who work here?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you filled out an application here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been dismissed or forced to resign from any employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							

**REFERENCES**

*Please list three professional references.*

Full Name				Relationship		
Company				Phone		
Address						
Full Name				Relationship		
Company				Phone		
Address						
Full Name				Relationship		
Company				Phone		
Address						

**EDUCATION**

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**PREVIOUS EMPLOYMENT**

Company				Phone				
Address				Supervisor				
Job Title			Starting Salary		\$	Ending Salary		\$
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Company				Phone				
Address				Supervisor				
Job Title			Starting Salary		\$	Ending Salary		\$
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Company				Phone				
Address				Supervisor				
Job Title			Starting Salary		\$	Ending Salary		\$
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		

**MILITARY SERVICE**

Branch			From			To		
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

**EMERGENCY CONTACT INFORMATION**

Name	Phone
Address	Relation

**DISCLAIMER AND SIGNATURE**

NOTICE TO APPLICANTS: This employer complied with the American Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-relation functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination, if required. All entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

**APPLICANT'S STATEMENT**

I certify that the answers given herein are the true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references and others, in order to compile and "investigative report", and hereby release the Employer from a liability as a result of such contact. I also grant permission for a credit check. I understand that I may request in writing, within a reasonable period of time, a report regarding the nature and scope of such investigations. I understand that misrepresentations, omissions of facts, incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, and misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that any employment with the Employer is for no specific term and may be terminated by me or Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except it's Chief Executive Officer, in writing) has the authority to enter into any agreement with me or take any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood test, or urinalysis screening for drug or alcohol use.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply. I hereby acknowledge that I have read and understand the above agreement.

Signature

Date

This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.