



## EMPLOYMENT APPLICATION

**In order that your application may be evaluated properly, be sure to answer all questions.**

It is the continuing policy of Vance Athletic Supply Co., Inc. hereinafter referred to as Sportrax, to afford equal opportunity to qualified individuals for employment and/or advancement regardless of race, color, religion, sex, age, national origin, physical or mental disability, veteran, marital status, and to conform to all applicable laws and regulations. This policy of equal opportunity comprehends all aspects of employment.

Last Name	First	Middle Init.	Application Date	Date Available
Present Home Address (City, State, Zip)			Social Security No.	Telephone No.
Are you legally eligible to work in the United States?			Position Desired	

**EMPLOYMENT EXPERIENCE: PLEASE LIST YOUR MOST RECENT POSITION FIRST.**

Company Name:		Position Title	Ending Salary
Co. Address (City, State, Zip)	Employment Dates (Mo. / Yr.)		Position Duties
Supervisor's Name		Co. Telephone No.	Reason for Leaving

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Have you ever been discharged or asked to resign from any previous employment? If yes, please explain.

Have you ever been convicted of or pled guilty to a serious felony or other relevant criminal offense? If yes, please explain.

**REFERENCES: PLEASE LIST ASSOCIATES, NOT RELATIVES. BE SURE TO LIST ANYONE WHO IS CURRENTLY WORKING OR HAS WORKED FOR OUR COMPANY.**

Name	Address	Telephone



**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

1. The information that I have provided is accurate to the best of my knowledge and subject to validation by Sportrax.
2. I authorize the persons, current and previous employer(s) and other organizations named in this application to provide Sportrax with any relevant information that may be required to arrive at an employment decision. I hereby release from any liability or responsibility Sportrax, it's parent company, it's officers, and associates and previous employers, references and institutions who supply information in the course of a background investigation.
3. I understand and agree that any material misrepresented or deliberate omission of a fact in my application may result in refusal of employment or, if previously hired, termination of my employment.
4. I understand that I may be required to take one or more drug screening tests as a condition of hiring or continued employment. I agree to consent to take test(s) at such time as designated by Sportrax. I understand that refusal to submit to a drug test or a positive result will preclude my application from further consideration. I further understand that Sportrax reserves the right to require its associates to submit to blood tests or urinalysis for alcohol or drug screens. I understand that, if employed, a positive test result or refusal to submit to such test(s), when requested to do so, will result in termination.
5. I understand that I will be required to take an on-line screening process as part of my employment screening.
6. I understand that nothing contained in this employment application, in granting an interview, or completing an on-line screening is intended to create an employment agreement.
7. Although management makes every effort to accommodate individual schedule preferences, business needs, at times, make the following conditions mandatory: shift work, overtime, and/or a rotating shift schedule which may include nights and weekends. If I am under the age of eighteen, I understand that Department of Labor rules take precedence over any work schedule and that Sportrax is required by law to adhere to such rules.
8. I understand and agree that if I am offered employment by Sportrax, my employment will be for no definite period of time, and that I or Sportrax will have the right to terminate the employment relationship at any time, without cause, and with or without notice.

PLEASE SIGN HERE: \_\_\_\_\_ DATE: \_\_\_\_\_