

APPLICATION FOR EMPLOYMENT

Stark's Sport Shop, Inc.

AN EQUAL OPPORTUNITY EMPLOYER

119 W. Blackhawk Avenue • Prairie du Chien, WI 53821 • USA
 Phone (608) 326-2478 • Fax (608) 326-6047 • Email: starksmwt.net

This application will be maintained in our files for a period of one (1) year.
 If after one year, you still wish to be considered for employment, you are encouraged to fill out another application.
 If your address or phone number changes during this time, please contact us indicating the correction.

In compliance with the Title VII of the Civil Rights Act of 1964 (as amended by the Civil Rights Act of 1968 and the Equal Opportunity Act of 1972), Executive Order 11246, the Age Discrimination in Employment Act of 1967, as amended, Section 501, 503, and 504 of the Rehabilitation Act of 1973, the Wisconsin Fair Employment Act, and other employment opportunity requirements, Stark's Sport Shop, Inc. does not discriminate in employment practices because of race, color, creed, religion, sex, national origin, marital status, sexual orientation/affection, veteran's status, age or handicap.

Thank you for considering employment at **STARK'S SPORT SHOP**. Please provide us with the following information wherever appropriate. No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, creed, religion, sex, national origin, marital status, sexual orientation/affection, veteran's status, age or handicap.

PERSONAL				
Name (first, middle, last)		Telephone No.		
Address (street, city, state, zip code)		Best time to call?		
Social Security No.:		Are you legally eligible for employment in the United States?		Type of Employment interested in <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> On Call Have you applied here within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Applied For:		Date Available for Employment:	Specify any limitations to schedule of shift assignment. COMMENTS:	
Other Area of Employment Interest:		Pay Expected:	Will you accept rotating shift scheduling? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you accept weekend scheduling? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you accept holiday scheduling? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you accept split shift scheduling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked at Stark's Sport Shop before: If yes, when? Position held:		Mother's Maiden Name:		
List any special skills, hobbies, or activities in which you participate which relate to the job for which you applied.				
This question must be answered before your application will be considered complete. During the past five years, have you served a sentence in a jail or prison or been convicted of a misdemeanor or felony for which a jail sentence could have been imposed? Yes <input type="checkbox"/> No <input type="checkbox"/>		You may answer "NO" to this question if the conviction or criminal records thereof have been annulled, sealed, set aside, or purged, or if you have been pardoned pursuant to law. If the answer to this question is "YES," please attach a sheet of paper giving full particulars. This information will not be used to bar you from employment, but may be used to direct your interest to areas less related to the area of your conviction. NOTE: Such a conviction is not an absolute bar to employment, and such a conviction will only be considered if there is a substantial relationship between the subject criminal act and the duties of the position applied for.		
MILITARY				
Military training or experience:				
PROFESSIONAL				
PROFESSIONAL LICENSES / CERTIFICATION / REGISTRATION	YEAR	EXPIRATION DATE (day, month, year)	STATE	NUMBER
SKILLS				
If applying for office work, check the items at which you are skilled:				
<input type="checkbox"/> Typewriter: Speed _____	<input type="checkbox"/> Calculating Machine	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Adding Machine	<input type="checkbox"/> Cashier
<input type="checkbox"/> Shorthand: Speed _____	<input type="checkbox"/> Dictating Machine	<input type="checkbox"/> Key punch	<input type="checkbox"/> Posting Machine	<input type="checkbox"/> Computer
<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> CRT / Scanner	<input type="checkbox"/> Word Processor	Please Specify _____	

EDUCATIONAL DATA

Please circle the number indicating the total years of schooling you have had (exclude kindergarten):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

TYPE	NAME OF SCHOOL	ADDRESS	GRADUATION DATE	TYPE OF DEGREE	FIELD OF STUDY
High school			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business school Vocational Correspondence					
College or University					
Graduate					

EMPLOYMENT HISTORY

Present or Last Employer	Your Title:	Last Salary	Reason for leaving:
Address	Duties:	Date Began: Mo. Yr.	
Telephone Number	Supervisor:	Date Left: Mo. Yr.	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Your Title:	Last Salary	Reason for leaving:
Address	Duties:	Date Began: Mo. Yr.	
Telephone Number	Supervisor:	Date Left: Mo. Yr.	

Employer	Your Title:	Last Salary	Reason for leaving:
Address	Duties:	Date Began: Mo. Yr.	
Telephone Number	Supervisor:	Date Left: Mo. Yr.	

Employer	Your Title:	Last Salary	Reason for leaving:
Address	Duties:	Date Began: Mo. Yr.	
Telephone Number	Supervisor:	Date Left: Mo. Yr.	

APPLICANT'S STATEMENT

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of this information is grounds for refusal to hire, or, if hired, termination.

I authorize any of the persons or organizations referenced in this application, including all corporations, companies, employers, educational facilities, schools, governmental agencies, and military services or entities, to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you. A photocopy of this release shall be as valid as the original and may be relied on by all persons providing information.

I acknowledge that if the position applied for or a position I am considered for, currently or during the term of my employment involved handling cash or its equivalent, I authorize Stark's Sport Shop, Inc. to obtain one or more credit checks, credit history, or consumer reports, etc. regarding my financial/credit/history. I hereby release Stark's Sport Shop, Inc. and all such reporting entities from all liability for any damage, which may result from furnishing such information to Stark's Sport Shop, Inc. A photocopy of this release shall be as valid as the original.

I authorize you to request, receive, and verify all information given on this application.

I further acknowledge that if I am employed by the employer, my employment will be at will and may be terminated with or without cause at any time by me or my employer.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to assure any benefits or terms and conditions of employment, either prior to commencement of employment or after I have become employed.

I consent to a medical examination if required by business necessity, which may include a drug test, after an offer of employment has been made but prior to commencement of employment. If employed, I also consent to a medical examination which is job-related and consistent with business necessity.

Date: _____ Applicant's Signature: _____

AFFIRMATIVE ACTION SURVEY

Stark's Sport Shop

Applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin, marital status, sexual orientation/affection, veteran's status, age or handicap.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

To assist with government record keeping, reporting, and other legal requirements, please fill out this Affirmative Action Survey.

PROVIDING THIS INFORMATION IS VOLUNTARY AND REFUSAL TO PROVIDE INFORMATION WILL NOT HAVE A NEGATIVE EFFECT ON YOUR STATUS AS AN APPLICANT.

PLEASE PRINT

Date Applied: _____ Phone: _____

Name: _____ Address: _____

Position(s) Applied For: _____

Referral Source:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Job Service | <input type="checkbox"/> Walk In |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Rehire |
| <input type="checkbox"/> Community Agency Referral | <input type="checkbox"/> College Relations | <input type="checkbox"/> Other _____ |

Check One: Male Female

Check One of the Following: White (not of Hispanic origin) African American Hispanic
Race/Ethnic Group American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable

- | | | |
|--|---|---|
| <input type="checkbox"/> Vietnam era veteran | <input type="checkbox"/> Disabled veteran | <input type="checkbox"/> Handicapped individual |
|--|---|---|