



APPLICATION FOR EMPLOYMENT

Please complete entire application to ensure processing.

APPLICANT INFORMATION (Please print)		Social Security Number	
Name: Last		First MI	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:	
Address: Street		City	State/Province Zip Code/Postal Code
Phone Number		Email Address	Referred By

EMPLOYMENT DESIRED							
Position		Department		Salary Desired		Date You Can Start	
Specify hours available for each day of the week:		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday Sunday
Are you able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, when?				
Have you ever worked for a Fleet Feet Sports store? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, when? Which store and department?				

EDUCATION	Name and Address of School	Years Completed. Did you Graduate?	Subjects Studied and Degrees Received
High School			
College			
Post College			
Trade, Business or Other School			

REFERENCES Please provide three references to whom you are not related and have known for at least one year.			
Name	Address & Phone Number	Business	Relationship

PREVIOUS EMPLOYMENT

Please list previous employers beginning with the most recent.

Dates Employed: From: ___/___/___ To: ___/___/___	Company Name and Address	Salary or Hourly Wage Starting: Ending: If hourly, average # of hours per week:	Position	Reason For Leaving
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Duties Performed:

Supervisor's Name:	Phone Number:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Dates Employed: From: ___/___/___ To: ___/___/___	Company Name and Address	Salary or Hourly Wage Starting: Ending: If hourly, average # of hours per week:	Position	Reason For Leaving
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Duties Performed:

Supervisor's Name:	Phone Number:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Dates Employed: From: ___/___/___ To: ___/___/___	Company Name and Address	Salary or Hourly Wage Starting: Ending: If hourly, average # of hours per week:	Position	Reason For Leaving
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Duties Performed:

Supervisor's Name:	Phone Number:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SKILLS

Please summarize any special skills or qualifications you may have in the space below.

I hereby certify that my answers are true and complete to the best of my knowledge and I authorize Fleet Feet Sports to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, organizations, schools and current and previous employers (if applicable) contacted by Fleet Feet Sports to provide any relevant information and release them of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application or, if hired, dismissal from Fleet Feet Sports.

Signature _____ Date _____