**APPLICATION FOR EMPLOYMENT**

*Please complete the entire application to ensure processing.*

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| **PERSONAL INFORMATION** (please print) | | | | | | | | | | | | | | | |
| **Name**  Last | | | | | First | | | | | | | Middle | | | |
| **Address**  Street City, State Zip Code | | | | | | | | | | | | | | | |
| **Phone Number(s)**  Daytime (    )     - | | | | Evening (    )     - | | | | | **Referred by** | | | | | | |
| Are you legally eligible for employment in the U.S.?  Yes  No  (All new hires are required to provide proof of eligibility to work in the U.S.)  Are you 18 years of age or older?  Yes  No  (If under the age of 18, you will be required to submit proper documentation and permits required by federal, state and Company policy) | | | | | | | | | | | | | | | |
| **Conviction:** Have you been convicted of a crime in the last seven (7) years?  Yes  No  If yes, list convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you for employment. Include type of crime and date of conviction on a separate sheet. | | | | | | | | | | | | | | | |
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| **EMPLOYMENT DESIRED** (keep in mind that the availability of hours may vary.) | | | | | | | | | | | | | | | |
| Position | | | | | | | Wage desired $ | | | | Date you can start | | | | |
| **Specify hours available each day of the week.** | Monday | | Tuesday | | | Wednesday | | Thursday | | Friday | | | | Saturday | Sunday |
| Have you worked for a Fleet Feet store? Yes No If yes, when?       Which store? | | | | | | | | | | | | | | | |
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| **EDUCATION** | | Name and Address of School | | | | | | | Did you graduate? | | | | Course of study/major | | |
| **High School** | |  | | | | | | | Yes  No | | | |  | | |
|  | | | | | | |
| **College** | |  | | | | | | | Yes  No | | | |  | | |
|  | | | | | | |
| **Post College** | |  | | | | | | | Yes  No | | | |  | | |
|  | | | | | | |
| **Trade, Business or Correspondence School** | |  | | | | | | | Yes  No | | | |  | | |
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| **SKILLS:** List skills relevant to position applied for: | | | | | | | | | | | | | | | |
| Basic office skills: (include computer proficiency – Word, Excel, others) | | | | | | | | | | | | | | | |
| Have you ever been a Fleet Feet Customer? Yes  No If so, where?  Describe your experience: | | | | | | | | | | | | | | | |

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| Why would you like to work at Fleet Feet? |
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| Describe a specific situation in which you have provided excellent customer service in your most recent position. Why was this effective? |

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| **WORK EXPERIENCE**  List below current and prior employers, starting with the most recent one first. Please include any volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume. | | | | | | | | |
| **Date: (mm/dd/yy)**  From:  To: | **Current employer** (Name, type of business) | | |
| Job Title: | | | Reason for Leaving: | | | Average # of hours per week | | |
| Duties Performed: | | | | | | | | |
| Supervisor’s Name: | | | | Phone #: | | | | May we contact?  Yes  No |
| **Date: (mm/dd/yy)**  From:  To: | **Previous employer** (Name, type of business) | | |
| **Job Title:** | | | | Reason for Leaving | | Average # of hours per week | | |
| Duties Performed: | | | | | | | | |
| Supervisor’s Name: | | | | Phone#/email address: | | | | May we contact?  Yes  No |
| **Date (mm/dd/yy)**  From:  To: | **Previous employer** (Name, type of business) | | |
| Job Title: | | | Reason for Leaving: | | | Average # of hours per week: | | |
| Supervisor’s Name: | | | | Phone: | | | | May we contact?  Yes  No |
| Duties Performed: | | | | | | | | |
|  | | | | | | | | |
| **REFERENCES:** Please give the names of three professional references, whom you have known at least one year. | | | | | | | | |
| *Name* | | *Email address/phone number* | | | *Type of business* | | *Years acquainted* | |
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| **Signature of Applicant:** | **Date:** |

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| **INTERNAL OFFICE USE** | | | | |
| **References:** | | | | |
| Date | Organization | | Contact | Information obtained |
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|  |  | |  |  |
| Criminal Background Check Performed:  Yes  No | | | | |
| Eligible for hire?  Yes  No | | **Initials of employee who completed this section :** | | |