

## **APPLICATION FOR EMPLOYMENT**

Please complete the entire application to ensure processing.

PERSONAL INFORMATION ( please print)								
Name								
Last		First				Middle		
Address Street City, State Zip Code								
Phone Number(s)					Ema	nil		
Daytime ( )	-	Evening (	)					
Are you legally elig					∐ No			
(All new hires are r	required to	provide proof of	of eligib	oility to w	ork in the U.S.	)		
Are you 18 years o	f age or old	ler? 🗆 Ves 🗆	No					
(If under the age o			_	nit nroner	documentatio	n and nern	nits required by fo	ederal state
and Company police	-	iii be required t	.0 30011	пс ргорсі	aocamentatio	on and pern	into required by it	caciai, state
and company point	<u>-                                    </u>							
EMPLOYMENT DES	SIRED (keer	o in mind that t	he avai	lability of	hours may va	ry.)		
Position	,			Wage de	•		ate you can start	
Specify hours	Monday	Tuesday	Wed	nesday	Thursday	Friday	Saturday	Sunday
available each		,		•	,			
day of the week.								
Have you worked f	for a Fleet F	eet store?	es 🔲	No If ye	s, when?	Whi	ch store?	
EDUCATION		Name and Add	ress o	f School	Did you	graduate?	Course of stu	dy/major
High School								
						s No		
College					□ Vac □ Na			
					Yes No			
Post College								
						s No		
Trade, Business o	r							
Correspondence					☐ Ye	s No		
School								
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:								

Why would you	like to work at Fleet Fe	eet?				
Describe a specification Why was this eff	-	ou have provided excellen	t customer service in	your most re	cent position.	
WORK EXPERIEN						
		s, starting with the most re		-		
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 # o	of hours per week	
Duties Performe	d:					
Supervisor's Name:			cont		May we contact?	
Date: (mm/dd/yy) From: To:	Previous employer (	(Name, type of business)				
Job Title:			Reason for Leaving	Average # of hours per week		
Duties Performe	d:					
Supervisor's Name:			Phone#/email address:		May we contact?	
Date (mm/dd/yy) From: To:	Previous employer (	(Name, type of business)				
Job Title:	1	Reason for Leaving:	1	Average # o	of hours per week:	
Supervisor's Name:			Phone:		May we contact?	
Duties Performe	d:					

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REFERI	<b>REFERENCES:</b> Please give the names of three professional references, whom you have known at least one year.						
Name		Email address/p	hone number	Type of b	ousiness	Years acquainted	
				+			
PLFΔSI	E READ CAREFULLY						
	eet Sports does not discr	iminate in hiring o	on basis of race. co	olor, religio	n. sex. nationa	al origin, disability.	
	n status, or your member	_				•	
	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,					
By sign	ning below,						
•		t Feet to thorough	nly investigate my	backgroun	d, references,	employment record and	
	other matters related to	o my suitability fo	r employment.				
•	I certify that all stateme	ents made by me	on this application	n are true a	nd complete t	o the best of my	
	knowledge and that any	y misrepresentati	ons or omissions r	may be the	cause for reje	ction of my application,	
	or may be cause for subsequent dismissal, if I am hired.						
•	I understand that I may		gn a confidentialit	y and/or no	on-compete ag	greement, should I	
	become an employee of Fleet Feet.						
•	I understand that nothi	-		conveyed d	uring any intei	rview which may be	
	granted, is intended to create an employment contract.						
•	<ul> <li>I understand that filling out this form does not indicate there is a position open and does not obligate Fleet</li> </ul>						
	Feet to hire me.						
•	I further understand an						
specified period and may be terminated by me or Fleet Feet at any time without prior notice for any reason						or notice for any reason.	
Signati	ure of Applicant:				Date:		
INTERN	NAL OFFICE USE						
Refere							
Date	Organization		Contact	1	nformation ob	 ntained	
Date	01801112011011		Contact	•	- Indimation of	rtanica	
Criminal Background Check Performed: Yes No							
Fligible for hire? Yes No Initials of employee who completed this section :							

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