

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)		Referred by		
Daytime () - Evening () -			
Are you legally eligible for employment in t	he U.S.? 🗌 Yes 🗌 I	No		
(All new hires are required to provide proo	f of eligibility to work in	n 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)				

EMPLOYMENT DESIRED (keep in mind that the availability of hours may vary.)									
Position			Wage desired \$		Date you can start				
Specify hours	Monday	Tuesday	Wed	nesday	Thursday	Friday		Saturday	Sunday
available each									
day of the week.									
Have you worked for a Fleet Feet store? Yes No If yes, when? Which store?									

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	

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 Feet?

Describe a specific situation in which you have provided excellent customer service in your most recent position. Why was this effective?

	nt and prior employers	s, starting with the most re- for which you are applying.		-	
Date: (mm/dd/yy) From: To:	Current employer (N	lame, type of business)			
Job Title:		Reason for Leaving:	Average # of hours per week		
Duties Performed	d:				
Supervisor's Name:			Phone #: May we contact?		contact?
Date: (mm/dd/yy) From: To:	Previous employer (Name, type of business)			
Job Title:			Reason for Leaving	Average # of hours per week	
Duties Performed	d:				
Supervisor's Name:			Phone#/email address: May we contact?		contact?
Date (mm/dd/yy) From: To:	Previous employer (Name, type of business)			
Job Title:		Reason for Leaving:		Average # o	f hours per week:
Supervisor's Name:			Phone:		May we contact?
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	

PLEASE READ CAREFULLY

Fleet Feet Sports does not discriminate in hiring on basis of race, color, religion, sex, national origin, disability, veteran status, or your membership in any protected class protected under law of this jurisdiction.

By signing below,

- I hereby authorize Fleet Feet to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment.
- I certify that all statements made by me on this application are true and complete to the best of my knowledge and that any misrepresentations or omissions may be the cause for rejection of my application, or may be cause for subsequent dismissal, if I am hired.
- I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Fleet Feet.
- I understand that nothing contained in this application or conveyed during any interview which may be granted, is intended to create an employment contract.
- I understand that filling out this form does not indicate there is a position open and does not obligate Fleet Feet to hire me.
- I further understand and agree that my employment, if granted, is "at will", which means that it is for no specified period and may be terminated by me or Fleet Feet at any time without prior notice for any reason.

Signature of Applicant:	Date:

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