



SPECIALTY SPORTS VENTURE, LLC. - EMPLOYMENT APPLICATION

To Applicant: We appreciate your interest in our organization. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in placing you in future positions.

Specialty Sports Venture, LLC ("SSV") is an equal opportunity employer. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination solely on the basis of a person's race, religious creed, color, national origin, ancestry, physical disability, mental disability, pregnancy, medical condition (including, but not limited to, cancer related or HIV related), marital status, sex, gender (including sex stereotyping), age, sexual orientation, military status, or any other protected status except where a reasonable, bona fide occupational qualification exists.

Answer all questions. Please print in ink or type.

Date: _____

| | | | | | | | | | | |
|---|-------------------------|-----------------------|-----------------------|---|----------------------------------|----------|-----|-----|-----|-----|
| First Name | | Middle Initial | | Last Name | | | | | | |
| Address – Street and Number | | | City | | State | Zip Code | | | | |
| Area Code and Telephone Number | | | | | | | | | | |
| Position Applied For | | | | | Salary Expectations or Pay Range | | | | | |
| Type of Position Requested (check one) | | | | Date Available to Start: _____ | | | | | | |
| Full Time Year Round | Part-Time Year Round | Full Time Seasonal | Part-Time Seasonal | Specify hours available to work: | | | | | | |
| | | | | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| How did you learn about the position for which you are applying? (job posting; friend; if current or former employee, please name | | | | | | | | | | |
| Have you been previously employed by Specialty Sports Venture or any of its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate when and for what position(s): Title _____ Dept. _____ From _____ To _____ | | | | | | | | | | |
| Have you applied for work here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate when and for what position(s): | | | | | | | | | | |
| Do you have any relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state: Name _____ Department _____ | | | | | | | | | | |

Employment Record - (Please list your last two employers starting with current or most recent, include self-employment, military service, and part-time jobs. You may also include job-related volunteer experience.)

| | | | | | | |
|-----------------------------|-----------|-------------------|------|-------------------------|-----|--|
| 1. Present or Last Employer | | Address | City | State | Zip | Phone |
| From: Mo/Yr | To: Mo/Yr | Supervisor's Name | | Last Hourly Rate/Salary | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
| Job Title(s) | | | | Reason for Leaving | | |
| 2. Employer | | Address | City | State | Zip | Phone |
| From: Mo/Yr | To: Mo/Yr | Supervisor's Name | | Last Hourly Rate/Salary | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
| Job Title(s) | | | | Reason for Leaving | | |

Education

| Name | City and State | Major | Grade Point Average | Degree/ Diploma/ Certificate |
|---|----------------|-------|---------------------|------------------------------|
| High School: | | | | |
| Vocational / College / University: | | | | |
| List any scholarships, academic honors, or special achievements | | | | |

Computer / Business Systems Skills (Please indicate any office machine skills you have acquired through training and/or experience)

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|--|
| <input type="checkbox"/> Software Packages (list any that you are proficient with) _____ <input type="checkbox"/> Business Systems – JDA Software; Store 21; IBS; Jonas, etc: |
|--|

Military Service

| Branch | Rank | Period of Duty |
|--------|------|----------------|
| | | |

Civic/Professional/Trade Association Memberships/Activities

| |
|-------|
| _____ |
| _____ |

References: Please provide the names of three persons not related to you whom you have known at least one year:

| Name | Address | Business | Phone # | Years Known |
|------|---------|----------|---------|-------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Summary

| | |
|---|--|
| Are you legally permitted to work in the United States? (Employment will be contingent on providing proof or work authorization) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you less than 18 years old? If yes, state age: _____ (Proof of age may be required after job offer) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you require a reasonable accommodation to perform your essential job duties? If yes, please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| May we contact your present employer for references? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| May we contact your previous employers for references? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a crime other than a minor traffic violation? If yes, please state date, place and nature of conviction: _____ (A conviction does not constitute an automatic bar to employment) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been known by any other name(s) that our staff may require to verify you education and employment records as furnished in this application? If yes, identify name (s). _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please read the following statements carefully before signing this application:

I certify that all information I have provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s), or in the process of my pre-employment evaluation may result in rejection of my application or termination, if I am hired.

I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision. I understand that if employed, I will be required to abide by all company policies, standards, and regulations.

I understand that this application does not represent an offer of, or contract for, employment. I understand that employment with this company is "at will," and that no guarantee of job exists. If employed, I may terminate employment at any time for any reason, and the company may terminate my employment at any time, for any reason.

I understand that the employer's obligation is to pay salary or wages due and owing at the time of termination. I further understand that all company property must be returned and any indebtedness to Specialty Sports Venture, LLC must be paid before my termination. In specific accordance with the paragraph, I authorize Specialty Sports Venture, LLC to deduct from my final paycheck(s) all monies due and owing to the company.

I understand that Specialty Sports Venture is a drug-free workplace and further understand and agree that I may be required to perform a drug and alcohol screening test during my employment. I hereby give my voluntary consent for a urine sample to be collected from me and submitted for testing for that purpose when necessary. I also consent to the release of the test result to Specialty Sports Venture for its confidential use. I understand that any positive drug or alcohol result will be cause for termination of my employment.

I hereby authorize Specialty Sports Venture, LLC to conduct an investigation regarding references herein or statements or other data obtained from me or from any person, including and without limitation, my credit, criminal history, driving history and character. I understand that my employment with Specialty Sports Venture, LLC is contingent upon passing the background investigation. If the outcome is unfavorable, employment will be rescinded and/or terminated.

Applicant Signature: _____ Date: _____