

SPORTZONE

6601 Coffman Road
 Indianapolis, IN 46268
 Ph: 317-293-2255
 Web: www.sportzoneindy.com



SPORTZONEINDY.COM

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	D.O.B / /
Street Address			Apartment/Unit #
City	State		Zip
Phone	Email Address		
Date Available	Social Security No.		Position Applied For:
ATC Employee Permit Number:		Expiration Date:	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Are you older than 21? YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you been arrested or convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If ever arrested or convicted of a felony, please explain:			

EDUCATION			
High School (School Name, City, State):			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College (School Name, City, State):			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other (School Name, City, State):			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references. Must provide contact information with references in order for application to be approved.</i>	
Full Name	Relationship
Company	Phone () -
Address	
Full Name	Relationship
Company	Phone () -
Address	
Full Name	Relationship
Company	Phone () -
Address	

PREVIOUS EMPLOYMENT

Company		Supervisor's Name	
Address		Phone () -	
Job Title	Starting Salary \$	Starting Salary \$	
Responsibilities			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			If no, please explain:
Company		Supervisor's Name	
Address		Phone () -	
Job Title	Starting Salary \$	Starting Salary \$	
Responsibilities			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			If no, please explain:
Company		Supervisor's Name	
Address		Phone () -	
Job Title	Starting Salary \$	Starting Salary \$	
Responsibilities			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			If no, please explain:

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, please explain:		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false, or misleading information in my application or interview may result in my release from employment with the SportZone.

Signature	Date:
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Thank you for applying to the SportZone. Your application will be submitted to our hiring managers for review. Please note that applications received with missing contact information for applicant or references may not be considered. It is advised that you completely review this application for accuracy, and complete contact information prior to submission. If selected for an interview, our Management Team will contact you. Please do not contact The SportZone to check on application status - we will be in touch with you if your application is selected for and interview for potential employment with our Company. Thank you, once again, for applying! Have a great day.