

# APPLICATION FOR EMPLOYMENT

As an equal opportunity employer, Modell's Sporting Goods does not discriminate in hiring or in the terms and conditions of employment because of an individual's race, color, religion, sex, national origin, age, disability, ancestry, marital status, arrest record or sexual orientation.

## MODELL'S SPORTING GOODS

Family Owned Since 1889

Date of Application

**NOTE:** Employment applications are retained in Modell's active file for 30 days only. Applicants must reapply after that time if they are still interested in employment.

### PERSONAL INFORMATION

**Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

LAST FIRST M.I.

**Present Address** \_\_\_\_\_

STREET CITY STATE ZIP

**Previous Address** \_\_\_\_\_

STREET CITY STATE ZIP  
(If present address less than 1 year)

**Home Phone:** ( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_ **May we contact you at work?**  YES  NO

**Are you 18 years of age or older?**  YES  NO **If NO please give date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

MONTH DAY YEAR

**Are you legally authorized to work in the United States?**  YES  NO

**Are there any restrictions or limitations on your right to work in the United States?**  YES  NO

**If "YES", please explain** \_\_\_\_\_

NOTE: PROOF OF CITIZENSHIP OR LEGAL AUTHORIZATION TO WORK WILL BE REQUIRED UPON EMPLOYMENT.

**Have you ever been convicted of a crime or a violation of a penal code other than minor traffic violations?**  YES  NO

(An answer of "Yes" to this question will not automatically disqualify you from consideration of employment).

**If YES, when** \_\_\_\_\_ **Explain:** \_\_\_\_\_

MONTH/YEAR

### EMPLOYMENT SPECIFICATION

**Position Applying For:**  Full Time  Part Time  Temporary (Seasonal) **Salary Desired:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_ **Date Available To Start:** \_\_\_\_\_

HOURS AVAILABLE FOR WORK:							
	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
FROM							
TO							

**Have you ever applied to or previously worked for Modell's Sporting Goods?**  YES  NO **If YES, Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Are you related to any associate at Modell's Sporting Goods?**  YES  NO **If YES, Associate's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Associate's Position:** \_\_\_\_\_ **Location:** \_\_\_\_\_

### EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	No. of Yrs. Attended	Graduated	
HIGH SCHOOL	Name: _____			Yes	No
	City: _____ State: _____			<input type="checkbox"/>	<input type="checkbox"/>
COLLEGE	Name: _____			Yes	No
	City: _____ State: _____			<input type="checkbox"/>	<input type="checkbox"/>
Trade, Business, Correspondence or Other School	Name: _____			Yes	No
	City: _____ State: _____			<input type="checkbox"/>	<input type="checkbox"/>

### GENERAL

SUBJECTS OF SPECIAL STUDY, RESEARCH WORK OR ACCOMPLISHMENTS RELEVANT TO JOB PLACEMENT (i.e. scholastic, professional, athletic)

**Have you served in the U.S. Armed Forces?**  YES  NO **If YES, in what Branch and when did you serve** \_\_\_\_\_

**Did you receive a dishonorable discharge?**  YES  NO **If YES, please explain the circumstances.** \_\_\_\_\_

NOTE: A dishonorable discharge will not necessarily disqualify you from employment. All relevant factors will be considered.



# EMPLOYMENT RECORD

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

May we contact your present employer?  YES  NO

DATES MONTH/YEAR	COMPANY NAME, ADDRESS & PHONE	LAST POSITION/ RESPONSIBILITIES	SUPERVISOR'S NAME/TITLE	ENDING SALARY	REASON FOR LEAVING
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					

Have you ever been discharged or forced to resign from any prior job?  YES  NO

If YES, please explain. \_\_\_\_\_

## REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE	TYPE OF BUSINESS	YRS. ACQUAINTED
1.			
2.			
3.			

## PHYSICAL RECORD

Are you able to perform the essential functions of the job for which you are applying?  YES  NO

If NO, what reasonable accommodation(s) would you need to perform these job functions and how would you perform them? \_\_\_\_\_

## PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING

THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY INACCURATE OR MISLEADING STATEMENTS ON THIS APPLICATION OR OTHER PRE-EMPLOYMENT MATERIALS MAY LEAD TO A REFUSAL TO HIRE OR, IF HIRED, DISMISSAL AT ANY TIME. I UNDERSTAND AND AGREE THAT, IF EMPLOYED, I WILL FOLLOW ALL RULES, REGULATIONS AND POLICIES OF THE COMPANY AND THAT THESE MAY BE CHANGED AT ANY TIME.

I UNDERSTAND THAT BEFORE AN OFFER OF EMPLOYMENT IS FINALIZED, I WILL BE REQUIRED TO SUBMIT TO A DRUG SCREENING CONDUCTED AT THE EXPENSE OF MODELL'S SPORTING GOODS. IF THE DRUG SCREEN DEMONSTRATES THE PRESENCE OF ANY ILLEGAL SUBSTANCE, I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT WILL BE RESCINDED OR IF I HAVE ALREADY COMMENCED WORK I WILL BE TERMINATED.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN, THE REFERENCES LISTED ABOVE AND THE DRUG SCREENING RESULTS, TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT WITH MODELL'S SPORTING GOODS IS NOT FOR ANY FIXED TIME AND MAY BE TERMINATED AT WILL BY THE COMPANY AT ANY TIME WITHOUT PRIOR NOTICE AND FOR ANY OR NO REASON. I UNDERSTAND THAT NO REPRESENTATIVE OF MODELL'S SPORTING GOODS OTHER THAN THE PRESIDENT OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

## COMPLETED BY THE MODELL STAFF ONLY

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

HIRED:  YES  NO

SALARY/WAGE: \_\_\_\_\_

DATE REPORTING TO WORK: \_\_\_\_\_

POSITION: \_\_\_\_\_

DEPT: \_\_\_\_\_

PAPERWORK  
TO PAYROLL:

Pre-Employment Questionnaire  Math Test  Reference Check  Application  W-4

PAPERWORK  
TO PERSONNEL:

1-9  Post-Employment Medical Questionnaire  McGlen Forms  Working Papers  
 Union Cards  Associate Information Form