



Store # / Location

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Position(s) Applied for _____ Date of Application _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, transgender status, genetic information, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. If you require an accommodation to fill out the application or with the interview process, please see a store manager for assistance.

Name _____

LAST FIRST MIDDLE

Address _____

STREET CITY STATE ZIP CODE

Telephone Number () _____ Date avail. for work: _____ Social Security Number **X X X - X X -** (last 4 digits only)

1. May we contact you at work? Yes No If yes, work number (____) _____
2. Have you filed an application here before? Yes No If yes, give date _____
3. Have you ever been employed here before? Yes No If yes, give date(s) _____
4. Are you at least 16 years of age? Yes No
5. If you are under 18, can you furnish a work permit? Yes No
6. Are you legally eligible for employment in this country? Yes No
7. Type of employment desired: Full Time Part Time Temporary Seasonal
8. Are you able to meet the attendance requirements of the position? Yes No
9. Work hours available: Full Time Part Time Evenings Weekends Specify: _____
10. Job Requirements Brief: Lifting (Max 50lbs.), Stocking, Pricing, Register Operation, Assisting Customers and General Maintenance of the store. After reading the above job requirements are you able to perform all the duties indicated with or without a reasonable accommodation? _____
11. Have you ever been involuntarily terminated or asked to resign from any place of employment? Yes No *If yes, please explain all occurrences below.*

EMPLOYMENT HISTORY

List your last three employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

Employer () -	Telephone () -	Dates Employed		May we contact for reference? If not, why?
Address		From	To	
Job Title		Hourly Rate/Salary Final		Reason For Leaving - Be specific
Immediate Supervisor & Title		\$	Per	
Employer () -	Telephone () -	Dates Employed		May we contact for reference? If not, why?
Address		From	To	
Job Title		Hourly Rate/Salary Final		Reason For Leaving - Be specific
Immediate Supervisor & Title		\$	Per	
Employer () -	Telephone () -	Dates Employed		May we contact for reference? If not, why?
Address		From	To	
Job Title		Hourly Rate/Salary Final		Reason For Leaving - Be specific
Immediate Supervisor & Title		\$	Per	

Why do you want to work for Olympia Sports?


Do you prefer to sell merchandise or stock shelves? Explain


What do you like about sports/fitness activities?

Why would you be a good fit for Olympia Sports?

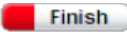
WOTC PRE-EMPLOYMENT SCREENING
Please complete the following Work Opportunity Tax Credit screening process prior to hire:

Go to the following website: <https://wotc.adp.com/?olympiasports> (Do Not Log In)

To begin, click on 

Answer each question; click on  to move through each screen.

Electronically sign by entering a 4-digit Personal Identification Number (PIN) of your choosing

To complete the screening process & save your information, click 

EDUCATIONAL BACKGROUND List last three schools attended, beginning with the most recent.

SCHOOL	Did you Graduate?	No. Years Completed	Degree Diploma	GPA Class Rank	Major/Minor

LANGUAGE List any foreign languages that you speak/understand:

REFERENCES List the names and telephone numbers of three business/work references who are not related to you.
 If not applicable, list three school or personal references who are not related to you.

1. _____ Phone #:()

2. _____ Phone #:()

3. _____ Phone #:()

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. Only the President has the authority to make such an agreement and then only in writing. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that I may be required to sign a confidentiality and/or a non-compete agreement should I become an employee of the company.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on the application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law. The application is current for only 60 days. At the conclusion of this time, if I have not been hired or heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application. If I become employed, I agree to abide by the rules and regulations of the company. I understand that my employment is at-will.

In the event that any of the terms or provisions of this Agreement are declared invalid or unenforceable by any court of competent jurisdiction or any Federal or State Government Agency having jurisdiction over the subject matter of this Agreement, the remaining terms and provisions that are not effected thereby shall remain in full force and effect.

MA & MD Only: It is unlawful in MA or MD to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law is subject to criminal penalties and civil liabilities. **RI Applicants:** Olympia Sports is subject to Chapters 29-38 of Title 28 of the General Laws of RI and is therefore covered under the state's workers' compensation Law

Signature of Applicant _____ **Date:** _____

Interviewed by _____ **Date:** _____



AUTHORIZATION AND RELEASE FOR PROCUREMENT OF AN INVESTIGATIVE CONSUMER REPORT

I, the undersigned, give Olympia Sports and its representatives authorization to procure an investigative consumer report, check all references and secure additional information about me, if it is job related. I also authorize any person, business or governmental agency that may have information about me to disclose the same to Olympia Sports.

In accordance with the requirements of the Fair Credit Reporting Act, Title 15, U.S.C. S 1618 et seq, this is to disclose to the applicant that as part of my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living, as obtained through employment and education verification, personal references, personal interviews, criminal and civil history/records, and any other public records.

Under the Fair Credit Reporting Act, should an employer rely upon a consumer report from a Consumer Reporting Agency in taking adverse action regarding employment, before taking that action I will be provided with a copy of the Consumer Report and a summary of rights free of charge.

I hereby release from liability Olympia Sports and it representatives for seeking such information and I authorize and release all other persons, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, to provide information that is requested by Olympia Sports or our authorized agents. I further release and hold harmless all of the above, including the employer, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting of information concerning me.

It is understood and agreed upon that any misrepresentation or falsification by me on this application will be sufficient cause for cancellation of my employment application and/or termination of employment if I have been employed.

Signature: _____ **Date:** _____

Printed Name: _____

First / Middle / Last

Other Names Used: _____ **Dates Used:** _____

Addresses for the Past Seven Years: _____

Street / City / State / Zip Code / Country / Dates

Addresses for the Past Seven Years: _____

Street / City / State / Zip Code / Country / Dates

Addresses for the Past Seven Years: _____

Street / City / State / Zip Code / Country / Dates

If space is needed for additional addresses, please use the back of this form.

Social Security Number: _____