



2588 Washington Road Canonsburg, PA 15317 724.745.5801

100 Center Ice Drive Delmont, PA 15626 724.461.7160

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

LAST NAME		FIRST NAME	FIRST NAME			
ADDRESS CITY		ſΥ	STATE		ZIP CODE	
PHONE NUMBER	EMAIL			ARE YOU A US CITIZEN		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START		SALARY DESIRED		
ARE YOU CURRENTLY EMPLOYED	IF SO, MAY WE INQUIRE OF Y	OF YOUR CURRENT EMPLOYER? IF YES, PROVIDE PHONE NUMBER			
HAVE YOU EVER APPLIED TO THIS COMPA	NY BEFORE	REFERRED BY			

EDUCATION HISTORY

	NAME & LOCA	TION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	GRADUATION DATE
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
TECHNICAL/BUSINESS SCHOOL					
MILITARY SERVICE	YES				

EMPLOYMENT HISTORY PLEASE ALSO PROVIDE RESUME, IF AVAILABLE, WITH MORE DETAILS

DATES WORKED	EMPLOYER NAME	PHONE NUMBER POSITIO		SALARY	REASON FOR LEAVING	
START:						
END:						
START:						
END:						

REFERENCES LIST BELOW 3 PEOPLE NOT RELATED TO YOU, WHO ARE OVER 21, AND WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN	

AVAILABILITY

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	DESIRED # OF HOURS/WEEK
EARLIEST TIME AVAILABLE								
LATEST TIME AVAILABLE								

Why do you want to work at KoSports Hockey?

Why would you be an asset to our company?

At KoSports Hockey, customer service is our priority. We must ensure that we have adequate staff available when our customer traffic is heaviest, which includes evening and weekend hours. If your hours of availability do not align with our customer traffic patterns, this may impact whether or not you will be considered for the position. If, after being hired, your availability changes, it is your responsibility to file your new availability. Your hours and/or position will be reevaluated at that time.

BACKGROUND INFORMATION

KoSports Inc., in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any information concerning my background.

GENERAL AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release KoSports, Inc. from all liability for damages that may result from utilization of such information. I also understand and agree that no representative of KoSports, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I HAVE READ, UNDERSTAND, AND AGREE TO THESE STATEMENTS.

APPLICANT SIGNATURE

PRINT NAME

DATE_____