



426 Old Pike St  
 Canonsburg, PA 15317

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

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

LAST NAME:		FIRST NAME:		
PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:	
PERMANENT ADDRESS:	CITY:	STATE:	ZIP CODE:	
PHONE NUMBER: ( ) -	REFERRED BY:	SOCIAL SECURITY NO.: - -		

## EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN WAS YOUR LAST APPLICATION SUBMITTED? / /	

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA OR DEGREE EARNED
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
TECHNICAL OR BUSINESS SCHOOL			
U.S. MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHAT RANK AND MILITARY BRANCH:		

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
START: / /					
END: / /					
START: / /					
END: / /					
START: / /					
END: / /					

## REFERENCES (LIST BELOW THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

## Please read the following statements carefully.

### AVAILABILITY

At KoSports, Inc., customer service is our priority. We must ensure that we have trained associates available when our customer traffic is the heaviest, which includes evening and weekend hours. We schedule our associates based upon customer traffic demands in our facilities. If your hours of availability do not align with the customer traffic demands for positions in which you are expressing interest, this may impact whether or not you will be considered for those positions. If, after being hired, your availability changes, it is your responsibility to file a new availability form. Your hours and/or position will be reevaluated at that time.

Please enter the times you are available to work by indicating the earliest hour you are available to the latest hour you are available. Please "X" any days that you are not available.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest Time Available							
Latest Time Available							

### 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 above to give you 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: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PRINT NAME: \_\_\_\_\_