

JIM'S SPORTS CENTER APPLICATION FOR EMPLOYMENT

Pre-employment questionnaire---Smoke free building
26 N. 2nd Street Clearfield PA 16830

Today's Date _____

Name _____ Phone Number _____

Complete Address _____ City _____ PA _____ Zip _____

Cell Phone Number _____ Email _____

Are you 18 years old or older? Yes No

Are you either a U.S. Citizen or and Alien authorized to work in the United States? Yes No

Applying for Part Time Full Time Either

If applying for summer or temporary job, how long are you available to work?

Date available to start? _____

Pay rate: _____ Minimum (starting) Wage and/or \$ _____ to \$ _____ per hour

Pay Negotiable? Yes No

Jim's Sports Center is open the following hours each week:

Monday 9:00 a.m. to 8:00 p.m. Tuesday, Wednesday, Thursday and Saturday 9:00 a.m. to 5:00 p.m. Friday 9:00 a.m. to 8:00 p.m. Closed on Sundays

Can you work ALL the above listed hours every work week? Yes No

If not, or sometimes what day or days or hours can you work?

Can you work Saturdays 9:00 a.m. to 5:00 p.m. all year round? Yes No

Can you work Monday and Friday evenings to 8:00 p.m.? Yes No

What employment position are you applying for? _____

Check any of the following that you have some knowledge or experience with:

- | | | |
|---|---|--|
| <input type="checkbox"/> Athletic Shoes or Clothing | <input type="checkbox"/> Embroidery | <input type="checkbox"/> Stocking |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Sewing | <input type="checkbox"/> Sports (not listed) |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Graphic Arts | _____ |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Sales | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bikes | <input type="checkbox"/> Computers | _____ |
| <input type="checkbox"/> Bike Repair | <input type="checkbox"/> Typing | _____ |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Cash registers | _____ |
| <input type="checkbox"/> Fly Tying | <input type="checkbox"/> Secretarial | _____ |
| <input type="checkbox"/> Screen printing | <input type="checkbox"/> Ordering | _____ |

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Pick any of the above and explain what knowledge and or experience you may have

Why do you want to work here? _____

Are you able to work up to 5 hours without using or viewing your cell phone? Yes No

How were you contacted that we were accepting applications?

- | | |
|--|--|
| <input type="checkbox"/> I did not; I am just filling out applications | <input type="checkbox"/> Heard from a friend or relative |
| <input type="checkbox"/> Advertisement in the Newspapers | <input type="checkbox"/> Other |
| <input type="checkbox"/> Contacted by the job center | _____ |
| <input type="checkbox"/> Heard from a current Jim's employee | |

Do you have transportation to and from work? Yes No **or** Can walk to work Yes No

Do you work well with and under others? Yes No Sometimes

What Clubs, Bands, or Organizations do you participate in? _____

If Jim's has a job opening that requires a current valid driver license to make deliveries are you interested?

Yes No

U.S. Military or Naval Service? Yes No

If yes, present membership in the National Guard or reserves? Yes No

Education	Name of Location of School	Number of years attended	Did you Graduate?	Subject Studied
High School				
College or Trade School				
Other				

Former Employers *(Starting with most recent)*

Date: Month / Year	Name of employer	Wage per hour \$	Position or department worked	Reason you left employment
From _____ To _____				
From _____ To _____				
From _____ To _____				

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References:	Business	Contact Name	City	Phone #
Previous Employer				
Local Resident				
Jim's Employee Current or Previous				
Other:				

Physical Record:

Do you have any physical limitations that preclude you from performing any work which you are being considered?
 Yes No

If yes, what can be done to accommodate your limitation?

In case of an emergency who would we notify _____ Phone _____

Did the applicant complete this application? Yes No

If not, who filled out this application _____

Applicant certify that the facts contained in the application are true and complete to the best of their knowledge and understanding that, if employed; falsified statements on this application shall be grounds for dismissal.

Applicant authorizes the investigation; references and background checks for all statements contained herein and release all parties from all liability and / or damages personal or otherwise.

I understand and agree that if hired, my employment is for no definite period and my employment is for no definite period and may be terminated at any time without prior notice.

Signature _____

Date _____