

## Afrim Sports, Inc Application For Employment

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, severe/morbid obesity, medical condition, military or veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

(PLEASE PRINT)

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle Name

\_\_\_\_\_  
 Address City State Zip Code

\_\_\_\_\_  
 E-mail Address Nickname

\_\_\_\_\_  
 Telephone Number(s)

### EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving
	From Month/Year	From Month/Year			
	Pay Rate				
	Starting	Final			
			May we contact? <input type="radio"/> Yes <input type="radio"/> No		
Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving
	From Month/Year	From Month/Year			
	Pay Rate				
	Starting	Final			
			May we contact? <input type="radio"/> Yes <input type="radio"/> No		
Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving
	From Month/Year	From Month/Year			
	Pay Rate				
	Starting	Final			
			May we contact? <input type="radio"/> Yes <input type="radio"/> No		

Have you ever been involuntarily terminated or asked to resign from any job? -----  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Please explain any gaps in your employment history: \_\_\_\_\_  
 \_\_\_\_\_

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.  
 \_\_\_\_\_

**EDUCATION**

Please describe your educational background in the table provided below.

School Name	Years Completed (Circle)	Diploma/Degree (Yes or No)	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

**BUSINESS/PROFESSIONAL REFERENCES**

Please list three professional references of individuals who are **not** related to you.

Name & Title	Business Relationship	Telephone Number or Email

**CO-WORKER REFERENCES**

Please list three people you have worked with who know you well; do not include personal friends or relatives.

Name	Occupation	Relationship (Example: Worked together at ABC Company for 3 years)	Years Acquainted	Telephone Number

**GENERAL INFORMATION**

1. Have you ever used another name? -----  Yes  No

2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? -----  Yes  No

If yes to either of the above, please explain: \_\_\_\_\_

3. Have you ever worked for this company before? -----  Yes  No

If yes, please give dates and position: \_\_\_\_\_

4. Do you have friends and/or relatives working for this company? -----  Yes  No

If yes, name(s) and relationship(s): \_\_\_\_\_

5. On what date are you available to begin work? \_\_\_\_\_

6. Days/Hours available to work: \_\_\_\_\_

7. Are you available to work?  Full-time  Part-time  Shift Work  Temporary

8. Minimum salary required? Per Hour \_\_\_\_\_ Per Month \$ \_\_\_\_\_

9. If hired, would you have a reliable means of transportation to and from work? -----  Yes  No

10. Can you travel if the position requires it? -----  Yes  No

11. Can you relocate if the position requires it? -----  Yes  No

12. Are you at least 18 years old? -----  Yes  No

Note: If under 18, hire is subject to verification that you are of minimum legal age.

13. If hired, can you present evidence of your identity and legal right to live and work in this country? -----  Yes  No

14. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? -----  Yes  No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

15. Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? -----  Yes  No

If yes, please give the date(s) and details:  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you been arrested for any matters for which you are currently out on bail or released on your own recognizance pending trial? -----  Yes  No

If yes, please give the date(s) and details:  
\_\_\_\_\_  
\_\_\_\_\_

Note: Answering "Yes" to questions 15 or 16 does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Do not include minor traffic infractions, any convictions for which the record has been sealed or expunged, any conviction for which the conviction has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions.

*This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

## BACKGROUND CHECK AUTHORIZATION

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Full Legal Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Other Names You Have Used: \_\_\_\_\_  Male  Female  
 Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Address History	City	State	Zip	County	From/To

**DISCLOSURE**

The Company will procure a consumer report and/or investigative consumer report on you in connection with your application. A consumer-reporting agency will obtain the report for the Company. The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. The nature and scope of any investigative consumer reports that may be requested is explained above. You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to the Compliance Department of the consumer reporting agency.

The Company is furnishing you with a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission. California Residents or Employees: You may view the file maintained on you by the consumer reporting agency. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the consumer reporting agency office in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**AUTHORIZATION**

I have carefully read and understand the Background Check Authorization form. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency to the Company. I understand that if the Company hires me, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to the Compliance Department of the consumer reporting agency.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during or after my employment, if any, may be utilized for the purposes of obtaining consumer reports or investigative consumer reports.

By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and motor vehicle records agencies.

For residents of or for jobs located in California, Minnesota and Oklahoma only: You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below. You may obtain information or copies from the Company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting the Compliance Department.  I request a copy of the report.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

For contact information for the consumer reporting agency used for any background checks applicable to your application, please contact the Company.

**This section is to be completed by management**

Company Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Will driving be required?  Yes  No Will cash be handled?  Yes  No

**Please select item(s) requested:**

- Standard Background Check (Includes SSN, County Criminal and Federal Criminal Search)
- Additional Reports Requested: [ ] Civil Search [ ] Credit [ ] Education [ ] Licenses and Credentials [ ] References (Please call your HR Specialist to coordinate any additional reports.)

Date \_\_\_\_\_

## APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_\_ I hereby authorize Afrim Sports, Inc to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to Afrim Sports, Inc. any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Afrim Sports, Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ In the event of my employment with Afrim Sports, Inc., I understand that I am required to comply with all rules and regulations of Afrim Sports, Inc. I understand that Afrim Sports, Inc. reserves the right to require me to submit to a test for the presence of drugs or alcohol in my system prior to employment and at any time during my employment, to the extent permitted by law. I voluntarily submit to the drug and/or alcohol screening and understand that the presence of drugs or alcohol in my system may disqualify me from further consideration of employment with this company, or may result in termination of my employment with the company..

\_\_\_\_\_ I understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

\_\_\_\_\_ If hired, I understand and agree that my employment with Afrim Sports, Inc. is at-will, and that neither I, nor Afrim Sports, Inc. is committed to continuing the employment relationship for any specific term. I further understand that Afrim Sports, Inc. or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications. I also understand that Afrim Sports, Inc. and its client are co-employers and that, if hired, I will be co-employed by both companies and the companies shall share employment responsibilities.

\_\_\_\_\_ I understand that safety of employees is extremely important to Afrim Sports, Inc. and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. I also recognize that an effective safety program extends beyond normal working hours. Safety should be promoted within the family and in off-the-job activities. I understand and agree to adhere to safety practices while performing my job. A copy of the Injury and Illness Prevention Plan will be provided to me upon my request.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

\_\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

City/State: \_\_\_\_\_



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address			Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:        An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____

QR Code - Section 1  
 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STCPI *Employer Completes Next Page* STCPI