## APPLICATION FOR EMPLOYMENT



Nor Door Sport & Cyclery, An Equal Opportunity Employer. If applicable to Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Last Name First			irst Name	t Name		Middle Initial S		Social	Social Security Number:		
Street Address City/State				Zip Code			Phone Number:				
	can you prov y to work in t	ence of legal	of legal Referred By:			Зу:					
Position Desired: Wage/Salary Des				red:	d: Full Time? Part Time?						
or a mis act, use of disho been sea	u ever been condemeanor involved or possession nesty for whiteled or expunsase pending?	ny violent pon, or act cord has not o you have	Ta felony, violent n, or act d has not		?						
Date you work?	u can begin	Are you 18 years of age			blder? Ever applied before?			ed to tl	to this company		
	If yes, when?										
attended			City & State		Graduate?						
Name of	f high school	City & St	City & State		Graduate?		GE	ED?			
Name of school:	college or te	City & St	City & State		Graduate?		De	gree?	Major:		
Are you school?	presently enr	If yes, date:	If yes, give name & address of school and expected degree date:								
'											
List any job-related skills or accomplishments, including military service:											
- Your Availability For Work -											
From:	Monday	Tuesday	Wednes	sday T	hursda	y	Friday	Sa	aturday	Sunday	
To:											
Total ho	urs per week e to work:		Do you have any special requests or needs for a work schedule?								
- Give Three References That Are Not Former Employers Who We May Contact -											
Name and Occupation Ho			How do you	w do you know them, and fo			or how lo	ng?	Phone	Phone Number	

## **Your Employment History**

List names of employers with present or last employer listed first.

Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title:					
• •	Duties:					
Address:	Dates of Employment:					
	From:	To:				
City, State, Zip Code	Hourly pay or salary:					
•	Starting pay:	Ending pay:				
Supervisor:	Reason for Leaving:					
Telephone:						
•						
Name of Employer:	Job Title:					
<u> </u>	Duties:					
Address:	Dates of Employment:					
	From:	To:				
City, State, Zip Code	Hourly pay or salary:					
	Starting pay:	Ending pay:				
Supervisor:	Reason for Leaving:					
Telephone:						
Name of Employer:	Job Title:					
1 7	Duties:					
Address:	Dates of Employment:					
	From:	To:				
City, State, Zip Code	Hourly pay or salary:					
	Starting pay:	Ending pay:				
Supervisor:	Reason for Leaving:					
Telephone:						

## CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Nor Door Sport & Cyclery , any employment relationship with the Nor Door Sport & Cyclery is considered "employment at will." This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.  I have read, understand, and agree to the above statements.						
Signature:		Date:				
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