



Employment Application

Application Date _____

Last Name _____		First Name _____		Middle _____	
Street Address _____		City, State, Zip _____		Home Phone _____ Other Phone _____	

Have you previously applied for a position or worked for our Company? ___ yes ___ no (If yes, please list dates and location of previous employment):

<p>If given a conditional offer can you:</p> <p>-Furnish proof that you are at least 18 years of age or, if under 18, eligible for employment? ___ yes ___ no</p> <p>-Furnish proof that you are eligible for employment in the United States? ___ yes ___ no</p>	<p>If given a conditional offer, please be aware that for certain positions, additional verifications may be required, including pre-employment drug testing, criminal background checks, and motor vehicle record reports.</p>
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Are there any special circumstances necessary for you to perform the job for which you are applying? ___ yes ___ no (If yes, please explain):

EMPLOYMENT DESIRED

Position Desired _____	# hrs/wk and days of the week you are available _____	\$ _____	Start Date _____
Secondary Position _____	# hrs/wk and days of the week you are available _____	\$ _____	Start Date _____

EDUCATION

Circle highest grade or # of years completed	Grade School 4 5 6 7 8	High School 9 10 11 12	Jr College 1 2 3	College 1 2 3 4 5 6 7
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High School _____	City, State, Zip _____	Graduate? _____	Diploma _____
College _____	City, State, Zip _____	Graduate? _____	Diploma or Degree _____
Other School _____	City, State, Zip _____	Graduate? _____	Diploma or Degree _____

Summarize any experience, knowledge, skills, abilities, or specialized training you would like us to know about:

EMPLOYMENT HISTORY (List most recent employer first. This section must be completed even if a resume is attached)

From: _____ To: _____ Company Name: _____

Reason For Leaving: _____

Position Held: _____ City, State, Zip: _____

Phone Number: _____ Supervisor Name: _____ May we contact this employer? ___ Y ___ N

EMPLOYMENT HISTORY (Continued)

From: _____ To: _____ Company Name: _____

Reason For Leaving: _____

Position Held: _____ City, State, Zip: _____

Phone Number: _____ Supervisor Name: _____ May we contact this employer? __Y__N

From: _____ To: _____ Company Name: _____

Reason For Leaving: _____

Position Held: _____ City, State, Zip: _____

Phone Number: _____ Supervisor Name: _____ May we contact this employer? __Y__N

Please account for any periods of unemployment in the space provided below:

From: _____ Explanation: _____

To: _____

From: _____ Explanation: _____

To: _____

In order to select the best possible candidate for employment, it is the policy of KemperSports Management to verify all of the statements you make on your application, including those regarding your employment history and your academic background (where this is a job requirement).

PLEASE READ AND INITIAL EACH SECTION LISTED BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsification of information requested in this document or omission of information may disqualify me from further consideration for employment, or, if discovered after I am hired, may result in my immediate discharge from employment. _____ (Applicant's Initials)

I authorize investigation of all statements contained herein and references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. _____ (Applicant's Initials)

I understand and agree that this Employment Application does not constitute a contract of employment, and that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any or no reason, with or without prior notice. I also understand and agree that, if hired, the terms and conditions of my employment may be changed, with or without notice, at any time by Kemper Sports Management absent an enforceable, executed, written agreement to the contrary. _____ (Applicant's Initials)

I understand that if selected for employment with the Company, I may be required to participate in a pre-employment drug testing program at a company authorized, licensed medical facility which includes screening for the presence of controlled substances. I understand that the results will be kept strictly confidential. I hereby release Kemper Sports Management, any employees or agents thereof from any and all claims or causes of action resulting therefrom. _____ (Applicant's Initials)

Applicant Signature: _____ Date: _____

KemperSports is an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, race, color, creed, ancestry, religion, disability, national origin, citizenship status, veteran status, marital status, military status, sexual orientation, pregnancy, medical condition or any non-job or non-business related factors or any other basis upon which discrimination is prohibited by the municipal, state, or other federal law. No question on this application is intended to secure information to be used for such discrimination.