

# Youth Application

	I oddii	rippiica			Last Name, First Initial:
Personal Information					
Name (Last, First, MI)					
Street address					
City, State, Zip					
Home phone number		Emergency phone number			-
Date of Birth		E-mail address	E-mail address		
Social security number		Driver's licens	Driver's license number/state/expiration		
		(if job i	involves any driv	ing)	1
Employment	Desired				
Position applied	for				
How did you hea	ar about this position?				
Date available for work  Desired hours (full to			(full time, part ti	me, etc.)	-
					_
Education					
	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma	
High School					Toda
Undergraduate College					`oday's Date:
Graduate/ Professional					ate:
Other (Specify)					
(Specify)  List any seminars, classes or other education not listed above which may help qualify					-
you for this position (if you need additional space, please use page 7):					

## **Employment Application**

Employer (current  Yes  No)		Start Date	End Date	Essential job functions final position	
Address				1.	
City, State, Zip		Starting Salary	Ending Salary	2.	
Phone number				3.	
Fax number	Supervis	sor(s)			
Job position(s) E-mail add		ddress of sup	pervisor	<u>  4.</u> 	
Job position(s)	Reason(s) for leaving				
Reason(s) for leaving					
Reason(s) for leaving	d to this company	or its custome	ers?		
	d to this company	or its custome	ers?		
Reason(s) for leaving	d to this company o	or its custome	ers?		
Reason(s) for leaving	d to this company o	or its custome	ers?		
Reason(s) for leaving	d to this company o	Start	End	Essential job functions	
Reason(s) for leaving  What value did you ad  Employer	d to this company o			Essential job functions final position	
Reason(s) for leaving  What value did you ad	d to this company o	Start	End	final position  1.	
Reason(s) for leaving  What value did you ad  Employer	d to this company o	Start	End	final position  1. 2.	
Reason(s) for leaving  What value did you ad  Employer  Address	d to this company of	Start Date  Starting	End Date Ending	final position  1.  2.	
Reason(s) for leaving  What value did you ad  Employer  Address  City, State, Zip  Phone number		Start Date Starting Salary	End Date Ending	final position  1. 2.	
Reason(s) for leaving  What value did you ad  Employer  Address  City, State, Zip	d to this company of the state	Start Date Starting Salary	End Date Ending	final position  1.  2.	
Reason(s) for leaving  What value did you ad  Employer  Address  City, State, Zip  Phone number	Supervis	Start Date Starting Salary	End Date Ending Salary	final position  1.  2.  3.	

[PLEASE CONTINUE ON NEXT PAGE]

### **Employment Application** Additional Information Have you ever been employed with this company before? $\square$ Yes $\square$ No If Yes, when? ------Do you have any friends or relatives employed by this company? $\square$ Yes $\square$ No If Yes, please provide their names and relationship to you: Are you currently employed? ☐ Yes ☐ No May we contact your employer? $\square$ Yes $\square$ No Are you currently on "lay off" status and subject to recall? ☐ Yes ☐ No If you are under 18 years of age, can you provide proof of your eligibility to ☐ Yes ☐ No work? If hired, can you provide proof of U.S. citizenship or proof of your legal right $\square$ Yes $\square$ No to work in the U.S.? Are you able to perform all of the essential functions of the job for which you $\Box$ Yes $\Box$ No are applying with or without reasonable accommodation? If hired, are there any accommodations the company would need to provide so $\square$ Yes $\square$ No that you can perform all those essential functions and duties of the position being applied for? If Yes, please explain: ..... ...... If driving is a requirement of the position applied for, have you in the last 7 ☐ Yes ☐ No years been convicted of Driving Under the Influence "(DUI)" $\square$ N/A If hired, do you have a reliable means of transportation to and from work? $\square$ Yes $\square$ No If hired, would you be able to travel or work overtime as needed? $\square$ Yes $\square$ No Have you ever been convicted of a felony or misdemeanor? $\square$ Yes □ No If Yes, please explain:

## **Employment Application**

#### Please read each statement closely and initial each acknowledging your understanding

### **Equal Employment Opportunity Statement**

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

#### **Discrimination and Sexual Harassment Policy Statement**

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

#### **Complete and Accurate Information**

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 have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other 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.

#### **At-Will Employment**

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

 Investigation Authorization I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.					
 Company Obligation I understand and agree that the Company's acceptosition for which I am qualified is open (unless space to hire me. I understand that the Company is accepting this completed application.	ecifically posted) or that the company has agreed				
I HAVE READ AND UNDERSTAND THE ABOV BOUND BY THEM IF EMPLOYED BY THE COMP					
Print Name: Youth	Date				
Print Name: Parent	Date				
Signature: Youth	Date				
Signature: Parent	Date				
AllSports Academy of Grea 16781 Chagrin Blvd Shaker Heights, Oh (216) 664-2564 office (21 (216) 338-490 e-mail: asa@allsportsaca	. PMB104, nio. 44120 6) 420-8735 fax 7 cell				

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## **Reference Check Form for Youth**

The following is a reference check sheet recommending you (the ASA applicant) for employment. The check sheet should be completed by an adult who knows you well enough to describe your work qualifications and other personal qualities. A direct family member cannot be your reference for employment. A possible reference might be a previous employer, your minister, school counselor, a family friend (at least 3 years).

NO FAMILY MEMBERS should complete this form.

Applicant Name:			
Applicant Address:			
Affiliation with Applicant:			
Please rate each category according	gly:		
0 Unsatisfactory 1 Fair	2 Satisfactory	3 Exceptional	4 Outstanding
<u>Trait</u> Ability to learn quickly		0 1	2 3 4
Ability to follow instructions			
Ability to get along with others			
Appearance and habits			
Personality attitude			
Dependability			
Ability to communicate well			
Attendance			
Additional Comments:			
Reference's Signature	phone number	date	
	Required Documer	nt	