

Pro Image Sports Application Form

READ CAREFULLY BEFORE FILLING THIS OUT: I understand and agree that any false information that I provide below may be cause for denial of employment or dismissal in the event of my employment. As an applicant to Pro Image Sports, I hereby authorize the release of information regarding my education and work history for use in considering my qualifications for the position that I am applying for.

Your Signature:Date:			
Position You Are Applying For			
Mall Name:	City:	State:	
How Did You Find Out About	Us?:		
Do You Prefer to Work: ☐ Fu	ull Time	•	
Why Are You Interested In Thi	is Position?		
	our Name:		
Current Address: City:			
Home Phone Number: (E Mail Address:)Cell:	()	
Date of Birth (if under 18):			
Are You Legally Authorized t	to Work in the United State	s?: □ Yes No □	

Your Name:		Position Applying For:		
B. Education				
Highest Level Of Education Completed	From:	То:	Study Area of Emphasis	Degree
C. Employment I	History	Plea	se list most recent job first	
Name of Employer: _			Type Business:	
Your Position:			Date Started: I	Date Left:
Your Duties:				
Employer's Address:				
Employer's Phone: ()		Your Supervisor:	
			Wage/Salary Last: _	
Did You Enjoy This W	Vork? [] Yes □	No Reason For Leavi	ng:
Name of Employer: _			Type Business:	
Your Position:			Date Started: I	Date Left:
Your Duties:				
Employer's Address:				
Employer's Phone: (
Wage/Salary to Starts	:		Wage/Salary Last:	
Did You Enjoy This W	Vork?] Yes □	No Reason For Leavi	ng:

Tour Name:	Position Applyin	g rur:
C. Employment History	(continued)	
Name of Employer:	Type Busine	ess:
Your Position:	Date Started:	Date Left:
Your Duties:		
Employer's Address:		
Employer's Phone: ()		risor:
Wage / Salary to Start:	Wage/Salary I	Last:
Did You Enjoy This Work? [☐ Yes ☐ No Reason For	Leaving:
Name of Employer:	Type Busine	ess:
Your Position:	Date Started:	Date Left:
Your Duties:		
Employer's Address:		
Employer's Phone: ()	Your Superv	risor:
Wage / Salary to Start:		
Did You Enjoy This Work? [☐ Yes ☐ No Reason For	Leaving:
Name of Employees	Typo Rusin	200
Name of Employer:		
Your Position:		
Your Duties:		
Employer's Address:		
	Your Supervisor:	
Wage / Salary to Start:	Wage/Salary I	
Did You Enjoy This Work?	□ vos □ No Reason For	Leaving:

E. General					
If offered this job, will you continue working/studying elsewhere? \(\square \text{Yes} \square \text{No} \) Please give details:					
Have you previously applied for a job with Pro Image Sports? Please give details:	□Yes	□ No			
Do you know an existing employee at Pro Image Sports? Please give details:	☐ Yes	□ No			

Please be sure to fill out the reference Section F. and include with this application..

F. References
Directions: Please provide the following information to us for background checks as part of our selection process. Please be sure to include at least two references from your last employer.
• Reference Name:
Phone Number:
Your Relationship to this Reference:
2 Reference Name:
Phone Number:
Your Relationship to this Reference:
3 Reference Name: ————————————————————————————————————
Phone Number: —
Your Relationship to this Reference:
Reference Name:
Phone Number:
Your Relationship to this Reference:
S Reference Name:
Phone Number:
Your Relationship to this Reference:
I agree to allow Pro Image Sports to contact my references for background information including my driving record, arrest record and credit history only as it applies to my candidacy for this role:
(Signature)(Date)

Your Name: _____ Position Applying For: ____

Please be sure to include this page with your complete application form.