

Employment Application			Application Date			
Last Name	First	Name	Middle			
			()	()		
Street Address	City,	State, Zip	Home Pho	ne Other Phone		
Have you previously applied for a posit	ion or worked for our Compa	nny? yes no	(If yes, please list dates an	nd location of previous employment):		
If given a conditional offer can you: -Furnish proof that you are at least 18 if under 18, eligible for employment?	years of age or, yes no	additional ve	rifications may be requi	aware that for certain positions, red, including pre-employment drug and motor vehicle record reports.		
-Furnish proof that you are eligible for employment in the United States?	yes no					
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 da	# hrs/wk and days of the week you are available		Start Date		
Secondary Position	# hrs/wk and days of the week you are ava		vailable 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		
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	l training you would lik	e us to know about:			

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:			
D F I					
Reason For Leaving:					
Position Held:			City, State, Zip:		

Phone Number:	Supervisor Name:		May we contact this employer?YN		
EMPLOYMENT HISTORY (Con	ntinued)				
From:To:	Company Name:				
Reason For Leaving:					
Position Held:		City, State, Zip:			
Phone Number:	Supervisor Name:		May we contact this employer?YN		
From: To:	Company Name:				
Reason For Leaving:					
Reason For Deaving.					
Position Held:		City, State, Zip:			
Phone Number:	Supervisor Name:		May we contact this employer?YN		
Please account for any periods of unemplo	syment in the space provided below:				
From:	Explanation:				
То:					
From:	Explanation:				
То:	•				
10:					
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).					
PLEA	SE READ AND INITIAL EA	CH SECTION LIST	TED 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.					
notice, at any time by itemper sports it.	anagomone absort an embredate,	encoured, written agrees	(Applicant's Initials)		
company authorized, licensed medical	facility which includes screening	for the presence of cont	in a pre-employment drug testing program at a rolled substances. I understand that the results s or agents thereof from any and all claims or (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.