



EMPLOYMENT APPLICATION

Various Federal, State and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. The Athlete's Foot Group, Inc. is an equal opportunity employer and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.

AN EQUAL OPPORTUNITY EMPLOYER

LAST NAME	FIRST	MIDDLE	STORE #	APPLICATION DATE
PRESENT HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		TELEPHONE NUMBER		
POSITION APPLYING FOR		DATE AVAILABLE	ARE YOU INTERESTED IN (check all that apply) <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER	

PLEASE CIRCLE - STORE, DISTRIBUTION CENTER, OR CORPORATE POSITIONS

DAYS AND HOURS AVAILABLE. COMPLETE IF APPLYING FOR STORE, DISTRIBUTION CENTER, OR CORPORATE POSITION.

IF YOU'RE UNDER 18 YEARS OF AGE, PLEASE STATE YOUR DATE OF BIRTH (No One Under 16 May Be Hired)

DAY	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM							
TO							

____/____/____

If under 18 years old, can you after employment provide a work permit? YES NO

Are you willing to travel? YES NO

What percent? _____%

Are you willing to relocate? YES NO

How were you referred to The Athlete's Foot?

EDUCATION

Type of School	Name And Location of School	Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name _____ Address _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
	City _____ State _____ Zip _____			
College	Name _____ Address _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
	City _____ State _____ Zip _____			
Graduate School	Name _____ Address _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
	City _____ State _____ Zip _____			
Other	Name _____ Address _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
	City _____ State _____ Zip _____			

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attended

SPECIAL SKILLS

Typing Skills	Shorthand or Speedwriting	CRT	PC Software / Other Equipment
_____ wpm	_____ wpm	_____ (Strokes/Hour)	

LEGAL

Are you a U.S. citizen or do you have a legal right & necessary documents to work in the U.S.? YES NO

(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Where you ever discharged by any company? YES NO If yes, give name of company(ies) _____

Reason for discharge _____

Have you ever been convicted of a crime other than a minor traffic violation? The existence of a criminal record will not automatically disqualify you from the job for which you are applying.

YES NO If yes, please explain offense and final disposition: _____

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.
 May we contact your present employer? YES NO Past employer? YES NO Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
FROM: _____ mo. / yr.	Name _____ Address _____ City _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
TO: _____ mo. / yr.	State/Zip _____ Phone (____) _____				
FROM: _____ mo. / yr.	Name _____ Address _____ City _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
TO: _____ mo. / yr.	State/Zip _____ Phone (____) _____				
FROM: _____ mo. / yr.	Name _____ Address _____ City _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
TO: _____ mo. / yr.	State/Zip _____ Phone (____) _____				
FROM: _____ mo. / yr.	Name _____ Address _____ City _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
TO: _____ mo. / yr.	State/Zip _____ Phone (____) _____				

Have you previously worked for The Athlete's Foot Group, Inc. or any of its subsidiaries or franchises? YES NO

Name _____ Location _____

City & State _____ Position Held _____

Supervisor _____ Dates Employed: From: _____ To: _____

Reason for Leaving _____

REFERENCES

Business references: (do not list relatives.) (please indicate if you were employed under a different name)

Name	Address	Work Phone No.	Title	Years Known
		(____) _____		
		(____) _____		
		(____) _____		

PLEASE READ CAREFULLY

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of The Athlete's Foot Group, Inc. (hereinafter referred to as TAF)

I understand and agree that if employed, the employment will be "at will", that is, either I or TAF may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by TAF does not imply employment and that this application and/or any other TAF documents are not contracts of employment.

I understand that I may be required to take one or more drug screening tests as a condition of hiring or continued employment. I agree to consent to take test(s) at such time as designated by TAF, its parent, its subsidiaries, affiliates or franchisees to release TAF, its directors, officers, agents, or employees from any claims arising from such test(s). I understand that refusal to submit to a drug test or a positive result will preclude my application from further consideration. I further understand that TAF reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens. I understand that, if employed, a positive result or refusal to submit to such test(s), when requested to do so, will result in termination of my employment.

PLEASE SIGN HERE **X** _____ **DATE** _____

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THIS APPLICATION WILL RECEIVE ACTIVE CONSIDERATION FOR 30 DAYS