

**APPLICATION FOR EMPLOYMENT**

*Pro Outdoor LLC is an equal opportunity employer. We will evaluate applicants and employees without regard to their sex (including pregnancy), race, religion, creed, color, national origin, citizenship, disability (physical, mental, or other), genetic information, family medical history, marital status, age, sexual orientation, gender identity, military service, veteran status, or any other status protected by federal, state or local laws.*

*It is very important that you complete this application truthfully, completely, and accurately. Failure to do so may render this application void. If falsification, omission, or inaccuracy is discovered after hire, it may result in termination.*

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position Applying for:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

**Emergency contact phone number:** \_\_\_\_\_

**Desired start date:** \_\_\_\_\_ **How many hours per week are you available to work?** \_\_\_\_\_

**How did you hear about this position?** \_\_\_\_\_

**Please list your desired pay requirements:** \_\_\_\_\_ **Shirt/Pants size:** \_\_\_\_\_

**EDUCATION**

Level	Years Completed	Graduate? (Y/N)	School Name
High School			
Trade/Vocational			

*Attach additional pages as needed to describe all secondary and post-secondary education you have received.*

**1.)** List any other courses or training you have that relate to the position for which you are applying:

\_\_\_\_\_

**2.)** List any academic honors relevant to the position for which you are applying:

\_\_\_\_\_

**3.)** List any clubs or organizations in which you participated relevant to the position for which you are applying.

\_\_\_\_\_

**OTHER QUALIFICATIONS**

**5.)** List any job-related tools, equipment, computer programs, or other skills in which you are proficient:

\_\_\_\_\_

**6.)** List any professional or civic organizations in which you participate that are relevant to the position for which you are applying.

\_\_\_\_\_

- 7.) List any languages in which you are fluent other than English: \_\_\_\_\_
- 8.) Are you related to or share residence with any company employee? If so, what is the nature or your relationship? \_\_\_\_\_
- 9.) Are you subject to any agreement (like a covenant not to compete) that would restrict your ability to work for our Company? \_\_\_\_ If yes, please explain or provide a copy: \_\_\_\_\_
- 10.) Have you ever been employed by Pro Outdoor LLC before? If so, provide position and dates \_\_\_\_\_
- 11.) Do you have a current Georgia Driver's license? \_\_\_\_\_ A CDL? \_\_\_\_\_
- 12.) Have you been convicted of, or pleaded guilty or "no contest" to a crime (excluding minor traffic violations) in the past seven years? \_\_\_\_\_. If yes, please identify the crime and date of conviction \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- A criminal conviction will not automatically disqualify an applicant from consideration for employment. You may provide any additional information we should consider by attachment.*
- 13.) Why do you want to work for our Company? \_\_\_\_\_

**EMPLOYMENT HISTORY**

<b>1.) Position:</b>		<b>From (Mo/Yr):</b>		<b>To (Mo/Yr):</b>	
<b>Employer:</b>					
<b>Starting Pay:</b>		<b>Ending Pay:</b>			
<b>Reason for Leaving:</b>					
<b>Supervisor's name &amp; number</b>					

<b>2.) Position:</b>		<b>From (Mo/Yr):</b>		<b>To (Mo/Yr):</b>	
<b>Employer:</b>					
<b>Starting Pay:</b>		<b>Ending Pay:</b>			
<b>Reason for leaving:</b>					
<b>Supervisor's name/number</b>					

<b>3.) Position:</b>		<b>From (Mo/Yr):</b>		<b>To (Mo/Yr):</b>	
<b>Employer:</b>					
<b>Starting Pay:</b>		<b>Ending Pay:</b>			
<b>Reason for Leaving:</b>					

Supervisor's name/number	
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**ACKNOWLEDGEMENT AND AUTHORIZATION**

Accordingly, I forever release Pro Outdoor LLC, its agents, and any former employers or references (including educational references) I have listed on my application from all liability arising out of any errors or omissions regarding my background the information that I have provided in this application is accurate, complete, and truthful. I understand that any falsification, omission, or inaccuracy on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that the Company is an equal opportunity employer. I understand that I have a continuing obligation to comply with and report any suspected violation of Company policies regarding equal employment opportunity and harassment. My signature below indicates that as of this date, I am unaware of any such violation. I understand that any job offers or my continuing employment, if hired, is contingent upon my being able, with us without reasonable accommodation, to successfully perform the essential functions of my job. I understand that it is the policy of the Company not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation. I understand that any offer of employment may be contingent on my passing a drug screen, and that drug screens are not given for the purposes of identifying disabilities.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

If I am employed, I acknowledge that there is no specified length of employment, and that this application does not constitute an agreement or contract for employment. Either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal, state, or local law.

I acknowledge that the information I have provided is correct; that I agree to abide by Company policies and the law, and to report suspected violations to the Company; and that I understand that if I am seeking at will employment. I authorize Pro Outdoor LLC to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I acknowledge that Pro outdoor LLC and its agents cannot vouch for or guarantee the accuracy of information provided by any third parties. information. I am willing that a photocopy of this authorization be accepted with the same authority as the original for six months from the date of my signature.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Applicant's Name:** \_\_\_\_\_