

EMPLOYMENT Please list last four employers, beginning with last one first.

| | |
|---|----------------------|
| Company Name | Telephone () |
| Address | Employed From To |
| Name of Supervisor | Salary Start Last |
| State Job Title and Describe Your Work _____ | Reason for Leaving |

| | |
|---|----------------------|
| Company Name | Telephone () |
| Address | Employed From To |
| Name of Supervisor | Salary Start Last |
| State Job Title and Describe Your Work _____ | Reason for Leaving |

| | |
|---|----------------------|
| Company Name | Telephone () |
| Address | Employed From To |
| Name of Supervisor | Salary Start Last |
| State Job Title and Describe Your Work _____ | Reason for Leaving |

| | |
|---|----------------------|
| Company Name | Telephone () |
| Address | Employed From To |
| Name of Supervisor | Salary Start Last |
| State Job Title and Describe Your Work _____ | Reason for Leaving |

REFERENCES

Give below the name of 3 persons not related to you, who you have known at least one year.

| NAME | ADDRESS | BUSINESS | PHONE |
|-------------|----------------|-----------------|--------------|
| | | | () |
| | | | () |
| | | | () |

PHYSICAL RECORD

List any physical or mental conditions that might interfere with your ability to perform this job _____

**IN CASE OF AN
EMERGENCY NOTIFY** _____

NAME ADDRESS PHONE

The information provided in the Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

DATE

SIGNATURE

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

EMPLOYMENT DRUG TESTING - All employment applicants who are finalists for positions at KIDSPORTS will undergo screening for the presence of controlled substances as a condition for employment.

CONSENT TO DRUG AND/OR ALCOHOL TEST

I, _____ am an applicant for a position with KIDSPORTS.
(Print Name)

I consent to submit to a blood or urine testing for the consumption of { } drugs and alcohol.

I further agree that the blood or urine sample I give and the test results are the property of KIDSPORTS and I waive any rights I may have in either the samples or the test results. I understand that the test results and other relevant medical information will be released to authorized company personnel for review.

I have taken the following drugs or substances within the last 96 hours:

| <u>SUBSTANCE</u> | <u>AMOUNT</u> | <u>NAME</u> |
|---|---------------|-------------|
| { } Sleeping Pills | _____ | _____ |
| { } Diet Pills | _____ | _____ |
| { } Pain Relief Pills | _____ | _____ |
| { } Cold Tablets or Allergy Medication | _____ | _____ |
| { } Other | _____ | _____ |

Dated this _____ day of _____, 2006

Applicant

Witness

EMERALD KIDSPORTS

BACKGROUND CHECK AUTHORIZATION

I authorize and give KIDSPORTS the right to contact and obtain information from all references, employers, educational institutions, and others who have or offer information KIDSPORTS deems relevant to my qualifications for employment, and to check my criminal background. I release from liability KIDSPORTS and its representatives for seeking, gathering and using such information, and all other persons, corporations or organizations for furnishing the information.

Date _____

(Signature)

Please Print Name