



APPLICATION FOR EMPLOYMENT

Sportsfield Specialties, Inc is the North American leader in the manufacture and sales of sports construction products and your application for employment is extremely important to us and will be reviewed in full detail. Please ensure that all questions have been answered completely. We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital status, military status/service, pregnancy related condition, gender identity, sexual orientation, genetic characteristics, prior arrests or criminal accusation, domestic violence victim status, or any other protected characteristic under applicable law.

PLEASE PRINT CLEARLY:

Last Name: _____ First Name: _____ Date: _____

Address: _____ City, State and Zip: _____

Phone: _____ Cell Phone: _____ Email Address: _____

APPLICANT QUESTIONS:

Position(s) Applying for: _____

Employment type desired (check all that apply): Full-Time Part-Time Seasonal

Date Available: _____ Salary Desired: _____

If hired, can you provide documents to establish your eligibility to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No If not, what month and year would you attain age 18? _____

Do you possess a valid Driver License? Yes No Licensing State: _____ License Number: _____

How were you referred to Sportsfield Specialties, Inc.? _____

Do you have friends, relatives or acquaintances working for Sportsfield Specialties or Clark Companies? Yes No

If yes, state whom and relationship: _____

Are you able to perform the essential functions of the job for which you are applying, with/without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

EDUCATION	NAME OF SCHOOL	LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	SUBJECTS STUDIED OR DEGREE(S) OBTAINED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

Special skills and/or qualifications: _____

MILITARY EXPERIENCE:

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Special Training/Experience: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

WORK-RELATED REFERENCES: (Do not include personal/relatives)

	Name	Business/Occupation	Years Known	Contact Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

APPLICANT AFFIRMATION AND RELEASE AUTHORIZATION

(Please read the following statement carefully before signing this application):

I understand that employment with Sportsfield Specialties, Inc. (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I affirm that all statements made by me, including any attached documents, are true and complete to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment.

I authorize any former or current employer, military records, or school to provide Sportsifeld Specialties all information necessary to reach an employment decision, including but not limited to information pertaining to; my job duties, attendance, demeanor, work related skills and abilities and relationships with coworkers and/or supervisors. Furthermore, I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation.

I understand that the Company requires the successful completion of a drug and/or alcohol test as a condition of employment.

Signature of Applicant: _____ Date: _____