



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, religion, color, national origin, age, sex, gender, genetics, disability, veteran/reserve/national guard or any other characteristic protected by law.

PLEASE PRINT CLEARLY:

Last Name: _____ First Name: _____ Date: _____

Address: _____ City, State and Zip: _____

Phone: _____ Alternate Phone: _____ Social Security # _____

APPLICANT QUESTIONS:

Positions Applying For: Administration Customer Service Finance Shipping / Receiving
(Check all that apply) Machine Operator Painter Management Welder / Fabricator
 Marketing / Sales

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

Date Available: _____ Salary Desired: _____ Are you a U.S. citizen? Yes No

If hired, can you provide documents required 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 Drivers License? _____ If yes, please provide # _____

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

Do you have any friends, relatives or acquaintances working for Sportsfield Specialties or Clark Companies? _____

If yes, state whom and relationship: _____

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

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

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense.

EDUCATION	NAME OF SCHOOL	LOCATION OF SCHOOL	# 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: _____

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 Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____
 Duties: _____
 Reason for Leaving: _____

WORK-RELATED REFERENCES: (Do not include relatives)

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

STATEMENT: (Please read this 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 authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

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

I understand this application will be active for a period of 180 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____