



## APPLICATION FOR EMPLOYMENT

Sportsfield Specialties, Inc (SSI) 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. SSI is an Equal Opportunity Employer and does 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/class 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:  Administration  Customer Service  Finance  Maintenance  Management  
(check all that apply):  IT/Marketing  Sales  Machine Operator  Assembly  Painter  
 Shipping/Receiving  Welder/Fabricator  Other \_\_\_\_\_

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

Date Available: \_\_\_\_\_ Salary Expectations: \_\_\_\_\_

Are you over the age of 18?  Yes  No

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

Can you provide a valid ID for pre-employment testing and background check?  Yes  No

Can you provide a valid Driver License, if the position applying for requires it?  Yes  No

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, please state whom and relationship: \_\_\_\_\_

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

If no, describe the functions that cannot be performed: \_\_\_\_\_

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

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: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

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

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**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 pre-employment drug and/or alcohol test and background check as a condition of employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_