



Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: ( ) E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If yes, when?
Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address: Did you graduate? YES NO Degree:
College: Address: Did you graduate? YES NO Degree:
Other: Address: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship: Company: Phone: ( ) Address:

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### Previous Employment

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

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Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

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Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

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### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Running – Biking – Swimming - Triathlon - Race - Experience

Please tell us about your experience with running, biking, swimming, and races.

<p style="text-align: center;"><b>Do you regularly</b> (Please check all that apply )</p> <p><input type="checkbox"/> Run / Jog</p> <p><input type="checkbox"/> Swim for exercise</p> <p><input type="checkbox"/> Bike street or trial</p> <p><input type="checkbox"/> Participate in races</p>	<p style="text-align: center;"><b>Race Experience</b> What type of races have you done?</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> 5K</td> <td style="border: none;"><input type="checkbox"/> Sprint Triathlon</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 10K</td> <td style="border: none;"><input type="checkbox"/> Half Iron Man</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Half Marathon</td> <td style="border: none;"><input type="checkbox"/> Whole Iron Man</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Marathon</td> <td style="border: none;"><input type="checkbox"/> Street Bike</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trail Running</td> <td style="border: none;"><input type="checkbox"/> Trail Bike</td> </tr> </table>	<input type="checkbox"/> 5K	<input type="checkbox"/> Sprint Triathlon	<input type="checkbox"/> 10K	<input type="checkbox"/> Half Iron Man	<input type="checkbox"/> Half Marathon	<input type="checkbox"/> Whole Iron Man	<input type="checkbox"/> Marathon	<input type="checkbox"/> Street Bike	<input type="checkbox"/> Trail Running	<input type="checkbox"/> Trail Bike	<p style="text-align: center;"><b>How often do you</b></p> <p>Run / Jog _____ Time(s)    <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</p> <p>Swim _____ Time(s)    <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</p> <p>Bike _____ Time(s)    <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</p> <p>Race _____ Time(s)    <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</p>
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<input type="checkbox"/> Marathon	<input type="checkbox"/> Street Bike											
<input type="checkbox"/> Trail Running	<input type="checkbox"/> Trail Bike											

Please use this space to tell up about any skills or knowledge that will help you working for the Run-N-Tri Company