



AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

DATE:

TYPE OF WORK DESIRED	LOCATION
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All qualified applicants will receive consideration for employment without regard to race, sex, religion, color or national origin and in accordance with the following statutes: The Age Discrimination in Employment Act of 1967 as amended, which prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age; with the Vietnam Era Veterans Readjustment Assistance Act of 1974; with Section 503 of the Rehabilitation act of 1973; and with Title 1 of the American with Disabilities Act of 1990.

General Information

PRINT NAME IN FULL	FIRST	MIDDLE INITIAL	LAST	SOCIAL SECURITY #	TELEPHONE
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CURRENT ADDRESS	NUMBER & STREET/RFD & BOX	CITY	STATE	ZIP
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PRIOR ADDRESS(ES) 5 YEARS	NUMBER & STREET/RFD & BOX (USE SEPARATE SHEET IF NECESSARY)	CITY	STATE	ZIP
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ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S. ? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU IN THE COUNTRY ON A TEMPORARY VISA? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SPECIAL SKILLS OR EXPERIENCE

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN	WHERE
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ARE YOU RELATED TO OR ACQUAINTED WITH ANY <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME	RELATIONSHIP
PRESENT OR FORMER EMPLOYEE OF Creative Host Services, Inc.? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME	RELATIONSHIP

HOW WERE YOU REFERRED TO THIS COMPANY (e.g. NEWSPAPER, FRIEND ETC)?
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Education

TYPE	NAME AND LOCATION OF SCHOOL	NUMBER YEARS ATTENDED	DEGREE RECEIVED	MAJOR FIELD
HIGH SCHOOL	NAME ADDRESS CITY STATE ZIP			
COLLEGE	NAME ADDRESS CITY STATE ZIP			
GRADUATE EDUCATION	NAME ADDRESS CITY STATE ZIP			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	NAME ADDRESS CITY STATE ZIP			

ENROLLED IN ANY COURSES NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT IS YOUR SCHEDULE	DATE YOU FINISH?
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Sports Legends, Inc
5236 East Second Street
Long Beach, Ca. 90802
562-433-5743

WRITE?

WHAT ABILITIES OR INTERESTS HAVE YOU DEVELOPED OUTSIDE WORK OR SCHOOL IN WHICH THE COMPANY MIGHT BE INTERESTED?

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (EXCLUDE MISDEMEANOR CONVICTIONS FOR MARIJUANA-RELATED OFFENSES MORE THAN TWO YEARS OLD; CONVICTIONS THAT HAVE BEEN SEALED, EXPUNGED OR LEGALLY ERADICATED; AND MISDEMEANOR CONVICTIONS FOR WHICH PROBATION WAS SUCCESSFULLY COMPLETED OR OTHERWISE DISCHARGED AND THE CASE WAS JUDICIALLY DISMISSED.) YES NO

IF "YES" BRIEFLY EXPLAIN THE NATURE OF THE CRIME(S), THE DATE AND PLACE OF CONVICTION(S) AND THE LEGAL DISPOSITION OF THE CASE(S):

THE COMPANY WILL NOT DENY EMPLOYMENT TO ANY APPLICANT SOLELY BECAUSE THE PERSON HAS BEEN CONVICTED OF A CRIME.
EACH CASE WILL BE EVALUATED BASED ON ITS OWN FACTS AND MERITS.

DO YOU HAVE A VALID DRIVERS LICENSE?

 YES NO

WHAT STATE?

HAVE YOU HAD ANY ACCIDENTS IN THE PAST FIVE (5) YEARS?

 YES NO

IF YOU HAVE HAD ANY ACCIDENTS IN THE PAST FIVE YEARS, PLEASE EXPLAIN

Former Employers

(LIST PRESENT OR MOST RECENT EMPLOYER FIRST AND INCLUDE MILITARY EXPERIENCE, IF APPLICABLE)

NAME		ADDRESS (INCLUDING ZIP CODE, IF KNOWN)	
TYPE OF WORK	DATE STARTED	DATE LEFT	TELEPHONE, IF KNOWN
REASON FOR LEAVING			RATE OF PAY
NAME		ADDRESS (INCLUDING ZIP CODE, IF KNOWN)	
TYPE OF WORK	DATE STARTED	DATE LEFT	TELEPHONE, IF KNOWN
REASON FOR LEAVING			RATE OF PAY
NAME		ADDRESS (INCLUDING ZIP CODE, IF KNOWN)	
TYPE OF WORK	DATE STARTED	DATE LEFT	TELEPHONE, IF KNOWN
REASON FOR LEAVING			RATE OF PAY
NAME		ADDRESS (INCLUDING ZIP CODE, IF KNOWN)	
TYPE OF WORK	DATE STARTED	DATE LEFT	TELEPHONE, IF KNOWN
REASON FOR LEAVING			RATE OF PAY
WHAT OF THE ABOVE JOBS DID YOU LIKE THE BEST?		WHY?	
WHICH OF THE ABOVE JOBS DID YOU LIKE THE LEAST?		WHY?	

APPLICANT STATEMENT: (Read the following *carefully* before signing)

I certify that the information contained in this application is correct to the best of my knowledge. I understand and agree that falsification or misrepresentation of the information on this application will result in refusal of employment or discharge. I understand that I may be required to undergo a physical examination, FBI criminal background check or a credit review at no cost to me, the results of which will be disclosed to Creative Host Services Inc. (CHS) by the examiner and will be treated in a confidential manner. I authorize the persons, educational institutions, and employers listed above to give CHS any and all pertinent information. I agree to hold CHS harmless from any liability, which might result from such disclosures. I understand completing this application form does not constitute a promise or guarantee of employment with CHS. I understand that if CHS employs me, the fact of my employment does not constitute a promise or guarantee of continued employment for any specific time period. Neither agreement for employment for any specified period of time nor any agreement contrary to any of the foregoing shall be enforceable without the express written approval of the Vice President of Human Resources of CHS. I understand that any offer of employment by CHS is conditional upon my complying with the requirements of the Immigration Reform Control Act of 1986.

Signature: _____

Date: _____