



**Phelps Sports, LLC**  
421 Raynham Plaza, Rte. 44  
Raynham, MA 02767  
(508) 880-8851

Date of Application \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**  
PLEASE READ BEFORE FILLING OUT THIS APPLICATION

Thank you for allowing us to consider you for employment. We are very proud of CROSSED SABERS and are looking for talented, enthusiastic people to fulfill our employment needs.

For the past 30 years, CROSSED SABERS Ski & Board has enjoyed a special and unique role in the ski and sport industry as a very professional and innovative store. In order to maintain this standard of excellence, we need motivated and loyal employees.

CROSSED SABERS Ski & Board does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, marital or veteran status, sex or ancestry or on the basis of age or disability, or any other legally protected status.

(PLEASE PRINT)

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_  
(NUMBER) (STREET) (TELEPHONE)

\_\_\_\_\_  
(CITY) (STATE) (zip) (HOW LONG)

GIVE PREVIOUS ADDRESS:

\_\_\_\_\_  
(NUMBER) (STREET) (CITY) (STATE) (ZIP) (FROM-TO)

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS) (TELEPHONE)

REFERRAL SOURCE:    ADVERTISEMENT    FRIEND    RELATIVE    WALK IN    (PLEASE CIRCLE ONE)

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)  
YES                  NO

IF EMPLOYED AND YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT?                  YES                  NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?                  YES                  NO  
(CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT.)

IF YES, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT AND EXPERIENCE

HAVE YOU FILED AN APPLICATION HERE BEFORE?     YES     NO                      DATE \_\_\_\_\_

POSITION(S) APPLYING FOR:    APPAREL    EQUIPMENT SALES    CASHIER    SHOP MECHANIC    OTHER  
(PLEASE CIRCLE ANY)

SALARY REQUIREMENTS \_\_\_\_\_ CAN YOU ADHERE TO A DRESS CODE?     YES     NO

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_ HOW MANY HOURS PER WEEK? \_\_\_\_\_

ARE YOU AVAILABLE TO WORK?     FULL TIME     PART TIME     SATURDAY     SUNDAY

ARE YOU EMPLOYED NOW?     YES     NO    MAY WE CONTACT YOUR EMPLOYER?     YES     NO

ARE YOU ABLE TO WORK AROUND HOLIDAYS; I.E. THANKSGIVING, CHRISTMAS, NEW YEARS?     YES     NO

START WITH YOUR PRESENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATION NAMES WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, HANDICAP OR OTHER PROTECTED STATUS.

EMPLOYER:	TELEPHONE: (    )	DATES EMPLOYED FROM	TO	WORK PERFORMED
ADDRESS:				
JOB TITLE:		HOURLY RATE/SALARY		
SUPERVISOR:		STARTING	FINAL	
REASON FOR LEAVING:				

EMPLOYER:	TELEPHONE: (    )	DATES EMPLOYED FROM	TO	WORK PERFORMED
ADDRESS:				
JOB TITLE:		HOURLY RATE/SALARY		
SUPERVISOR:		STARTING	FINAL	
REASON FOR LEAVING:				

EMPLOYER:	TELEPHONE: (    )	DATES EMPLOYED FROM	TO	WORK PERFORMED
ADDRESS:				
JOB TITLE:		HOURLY RATE/SALARY		
SUPERVISOR:		STARTING	FINAL	
REASON FOR LEAVING:				

**Special Skills and Qualifications:**

Summarize special skills and qualifications you may have acquired from previous employment. Please include your experience participating in skiing, snowboarding or other winter sports activities.

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# **EDUCATION**

HIGHEST EDUCATION LEVEL ACHIEVED

	ELEMENTARY	HIGH	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
SCHOOL NAME				
YEARS COMPLETED/DEGREE	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE				
DESCRIBE COURSE OF STUDY:				

**PLEASE READ BEFORE SIGNING  
STATEMENT AND RELEASE FORM**

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would if disclosed affect this application.

I hereby acknowledge that I have read the above statement and understand the same. I understand that false disclosure of any of the statements made by me could constitute grounds for dismissal.

It is my understanding the CROSSED SABERS will investigate my work and personal history; and, may verify all data given in my application for employment, related papers, or oral interviews. I release from liability any person giving or receiving any such information.

This application for employment shall be considered active for a period of time no to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
AN EQUAL OPPORTUNITY EMPLOYER