



Springfield Cardinals L. L. C.

Application for Employment

ALL APPLICANTS WILL BE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, NATIONALITY, ORIGIN OR DISABILITY. ATTENTION: IF A QUESTION DOES NOT APPLY TO YOU, MARK THAT QUESTION, NOT APPLICABLE (N/A). FAILURE TO ANSWER EVERY QUESTION MAY CAUSE YOUR APPLICATION TO BE REJECTED.

NAME _____ Last First Middle SOC. SEC. NO. _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

POSITION(S) APPLIED FOR _____ SALARY EXPECTED _____ NIGHT OR SHIFT WORK? YES NO

OFFICE EQUIPMENT OPERATED _____

TYPING WPM _____

SHORTHAND WPM _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

HAVE YOU EVER FILED AN APPLICATION OR RESUME WITH THE COMPANY YES NO IF SO WHEN? _____ WHERE? _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THIS COMPANY? YES NO IF SO WHEN? _____ WHERE? _____

SOURCE THROUGH WHICH YOU APPLIED _____ COMPANY REPUTATION _____ ADVERTISEMENT _____ EMPLOYMENT AGENCY _____ EMPLOYEE _____

GOVERNMENT AGENCY STATE EMPLOYMENT SCHOOL RELATIVE OTHER (EXPLAIN) _____

EDUCATION

SCHOOL	NAME	CITY AND STATE	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA RECEIVED	SPECIALIZED IN WHAT COURSE
GRADE SCHOOL			5 6 7 8			
HIGH SCHOOL			1 2 3 4			
COLLEGE OR UNIVERSITY			1 2 3 4			
GRADUATE SCHOOL			1 2 3 4			
TRADE, MILITARY, OTHER						

LIST BUSINESS, SCIENTIFIC OR PROFESSIONAL ORGANIZATIONS MEMBERSHIP (EXCLUDES THE NAME OR CHARACTER OF WHICH MAY REVEAL THE RACE, RELIGION, NATIONAL ORIGIN, SEX OR DISABILITY OF ITS MEMBERS).

NATURE OF RESEARCH AND TITLE(S) OF THESIS(ES) _____ MILITARY SERVICE RECORD _____

WERE YOU IN THE U.S. ARMED FORCES? YES NO IF YES, WHAT BRANCH? _____

LIST CURRENT PROFESSIONAL LICENSES AND REGISTRATIONS. GIVE STATE, BRANCH, CERTIFICATE NUMBER AND EXPIRATION DATE _____ DESCRIBE JOB RELATED MILITARY TRAINING _____

DATES - MO./YR.		FORMER EMPLOYERS		KIND OF BUSINESS	POSITION HELD	SUPERVISOR	RATE OF PAY	REASON FOR LEAVING
FROM	TO	NAME	ADDRESS					
			STREET _____ CITY & STATE _____					
			STREET _____ CITY & STATE _____					
			STREET _____ CITY & STATE _____					
			STREET _____ CITY & STATE _____					
			STREET _____ CITY & STATE _____					

MAY WE REFER TO YOUR PRESENT EMPLOYER?

YES NO

MAY WE REFER TO PREVIOUS EMPLOYER?

YES NO

I UNDERSTAND THAT ANY UNANSWERED QUESTIONS ON THIS APPLICATION MAY CAUSE THIS APPLICATION TO BE REJECTED AND THAT ANY FALSE OR MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION MAY BE CAUSE FOR DISMISSAL WITHOUT NOTICE.

I AGREE TO ABIDE BY ALL THE RULES OF THE COMPANY AND WILL OBEY THE ORDERS AND INSTRUCTIONS OF MY SUPERVISORS. I WILL USE AND WEAR ALL SAFETY APPLIANCES FURNISHED TO ME BY THE COMPANY AND WILL BE CAREFUL IN MY WORK AND NOT EXPOSE MYSELF OR MY FELLOW WORKERS TO UNNECESSARY DANGERS.

I UNDERSTAND THAT THE COMPANY RESERVES THE RIGHT TO VERIFY ALL INFORMATION CONTAINED IN THE APPLICATION THROUGH THE USE OF BACKGROUND CHECKS OR CONSUMER REPORTS, BEFORE OR AFTER AN OFFER OF EMPLOYMENT, AND I AUTHORIZE THE COMPANY TO DO SO AND ALL SUCH PERSONS TO PROVIDE THIS INFORMATION, WITHOUT LIABILITY.

I AGREE THAT ALL FORMER EMPLOYERS OR ANY OTHER PERSONS, MAY FURNISH THE ST. LOUIS CARDINALS, L. P. WITH ALL INFORMATION REGARDING THEIR RECORD OF MY SERVICE, CHARACTER, AND REASON FOR LEAVING. I HEREBY RELEASE SUCH FORMER EMPLOYERS AND PERSONS FROM ALL LIABILITY ON ACCOUNT OF PROVIDING SUCH INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT MAY BE CONTINGENT UPON PASSING A PRE-EMPLOYMENT PHYSICAL EXAMINATION.

I UNDERSTAND THAT MY EMPLOYMENT IS CONTINGENT UPON PASSING A DRUG TEST AND THE VERIFICATION OF MY RIGHT TO WORK IN THE U.S.

I UNDERSTAND THAT THE TERMS AND CONDITIONS OF MY JOB, DUTIES AND POSITION, ARE SUBJECT TO CHANGE.

I ACKNOWLEDGE THAT NO PROMISE REGARDING EMPLOYMENT HAS BEEN MADE TO ME. I UNDERSTAND THAT AN OFFER OF EMPLOYMENT DOES NOT CONSTITUTE A CONTRACT, AND IF I AM EMPLOYED, EMPLOYMENT IS AT WILL, AND THAT THE COMPANY AND I BOTH HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE.

SIGNATURE OF APPLICANT _____ DATE _____

FOR COMPANY USE ONLY (AFTER EMPLOYMENT)

INTERVIEWED BY:	L1	L2	L3/GRP	DIVISION	POS. CODE	GRADE	DATE EMPLOYED
EMPLOYED BY:	EMP. STATUS	SALARY	HRLY. RATE	FLSA/PC	PAY FREQ.	W.C.	
DEPARTMENT:	WORK ST.	RES. ST.	ANNU. REV.	EEO RACE	EEO JOB	COMM.	
POSITION TITLE:	HIR CODE	PREF. CODE	APP. DATE	UNION CODE	CO. SENIORITY		
NEW POSITION - DATE AUTHORIZED	IND. SENIORITY	PEN. CODE	SALARY DISTRIBUTION				
ADDITIONAL POSITION - DATE AUTHORIZED	PAYROLL ID	L4	GL	CC	SA		
REPLACEMENT FOR:	NORMAL HOURS	FULL-TIME	TEMPORARY	PART-TIME			
REMARKS:	DEPARTMENT HEAD		DIVISION EXECUTIVE		EMPLOYMENT DEPARTMENT		