



Vernon Powell Shoe Company (a Maryland Corporation)
 Vernon Powell Shoe Company (a Delaware Corporation)
 The Athlete, Inc.

An Equal Opportunity Employer

Please complete all requested information. Use an ink pen and please print.

GENERAL INFORMATION

DATE OF APPLICATION:		DATE AVAILABLE FOR WORK:		POSITION DESIRED:			WAGE DESIRED:														
NAME: First		Middle		Last		HOURS DESIRED:															
						FULL TIME <input type="checkbox"/> (35 or more hrs. per wk.) PART TIME <input type="checkbox"/> (Less than 35 hours per wk.) SEASONAL <input type="checkbox"/>															
SOCIAL SECURITY NUMBER:				Are you at least 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/>																	
				(If you are under 18, you may be required to provide a work permit prior to working.)																	
STREET ADDRESS:				Please indicate the hours you are available to work during both day and evening: (i.e 10 am - 6 pm or 6 pm - 9 pm)																	
CITY:		STATE:							ZIP:												
TELEPHONE: Home		Other																			
						<table border="1"> <thead> <tr> <th>MON.</th> <th>TUES.</th> <th>WED.</th> <th>THURS.</th> <th>FRI.</th> <th>SAT.</th> <th>SUN.</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.							
MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.															

WORK EXPERIENCE

List your previous work experience beginning with your most recent position

EMPLOYER:					STARTING POSITION:			STARTING SALARY:	
ADDRESS: STREET CITY STATE ZIP					LAST POSITION:			FINAL SALARY:	
PHONE:		SUPERVISOR: Name and Title			DUTIES:				
REASON FOR LEAVING:					DATES OF EMPLOYMENT:				
					From To				

EMPLOYER:					STARTING POSITION:			STARTING SALARY:	
ADDRESS: STREET CITY STATE ZIP					LAST POSITION:			FINAL SALARY:	
PHONE:		SUPERVISOR: Name and Title			DUTIES:				
REASON FOR LEAVING:					DATES OF EMPLOYMENT:				
					From To				

EMPLOYER:					STARTING POSITION:			STARTING SALARY:	
ADDRESS: STREET CITY STATE ZIP					LAST POSITION:			FINAL SALARY:	
PHONE:		SUPERVISOR: Name and Title			DUTIES:				
REASON FOR LEAVING:					DATES OF EMPLOYMENT:				
					From To				

May we contact your current employer? YES NO

REFERENCES

REFERENCE (not related to you):				
ADDRESS:	STREET	CITY	STATE	ZIP
PHONE:	JOB TITLE:			
HOW ACQUAINTED AND FOR HOW LONG:				

REFERENCE (not related to you):				
ADDRESS:	STREET	CITY	STATE	ZIP
PHONE:	JOB TITLE:			
HOW ACQUAINTED AND FOR HOW LONG:				

Are you acquainted with / related to any current VP Shoes employees? Yes No If yes, list name(s) _____

EDUCATION and TRAINING

SCHOOL	Please print name, street, city, state and zip code for each school	No. of Yrs. Completed	Degree?	Type of Course/Major
High School				
College				
Additional Training				
Additional Training				

ADDITIONAL EMPLOYMENT HISTORY

Have you ever been dismissed or forced to resign from any employment?

Yes No

If yes, please explain _____

Have you ever been convicted of a felony crime or theft-related misdemeanor within the last 5 years?

Yes No

If yes, please explain _____

(Convictions will not necessarily disqualify applicant; each case is considered individually.)

PERMISSION TO WORK

If employment is offered, can you submit verification of your legal right to work in the U.S.?

Yes No

Why are you interested in working for our company?

What strengths would you bring to our company?

What didn't you like about your previous jobs?

FOR OFFICE USE ONLY

APPLICANT'S STATEMENT

If I am employed, I agree to abide by the rules and regulations of **Vernon Powell Shoe Company (a Maryland Corporation), Vernon Powell Shoe Company (a Delaware Corporation), or The Athlete, Inc.** hereafter referred to as "The Company." I understand that my employment is AT-WILL. This means that I do not have a contract of employment for any particular duration or limiting the grounds for my termination in any way. I am free to resign at any time similarly. The Company is free to terminate my employment at any time for any reason.

All of the information I provided herein is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature: _____ Date: _____

This application will only be considered for three months. If you have not been hired within three months of filling out this application and you wish to continue to be considered for employment, you must fill out another application.