



5520 Midway Park Place
Albuquerque, NM 87109

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap or veteran status.

Date: _____

Name: Last _____ First _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Alternate Telephone () _____

Position Applied For _____ SSN _____

How did you hear of this opening _____

When Can You Start _____ Desired Wage \$ _____

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted Basis?

Yes No

Are you looking for Full Time Employment? Yes No

If No, what hours are you available? _____

Are you willing to work swing shift? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please fully describe the circumstances:

Education: Please include School name, Location, Year, Major and or Degree

High School _____

College _____

Other _____

In addition to your work history are there any other skills, qualifications or experience we should consider:

Employment History: Please start with most recent employee

1. Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____
Reason for Leaving _____

2. Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____
Reason for Leaving _____

3. Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____
Reason for Leaving _____

Attach additional information or resume.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment with this company is contingent to my passing a complete Background Check and Drug test. I understand that this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. All employees will continue on that basis. I understand that no supervisor, manager or executive of this company, other than the president has the authority to alter the foregoing.

Signature _____ Date _____

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We truly welcome your application with Academy Corporation. We are proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence, we require, as a condition of employment, that all applicants consent to and authorize a pre-employment and/or continued employment verification of their background, including information submitted on their application or resume.

PLEASE READ CAREFULLY

This release and authorization acknowledges that Academy Corporation may now, or at any time during my employment, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency and verify any other information deemed necessary to fulfill the job requirements. The result of this verification process will be used to determine employment eligibility under Academy Corporation employment policies.

I authorize Employment Research Services (ERS) and any of its agents to disclose orally and in writing the results of this verification process to the designated authorized representatives of Academy Corporation.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers and other organizations and Agencies to provide ERS with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Academy Corporation, ERS and their associated to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

CONFIDENTIAL INFORMATION: FOR POSITIVE IDENTIFICATION PURPOSES ONLY.
APPLICANT:

_____ Name Typed or Printed	_____ Social Security Number	_____ Date of Birth
_____ Signature	_____ Address	_____ City, State, Zip
_____ Maiden or Other Names Used	_____ Drivers License Number	_____ State of DL

Academy Corporation
Pre-Employment Questionnaire

Name _____ Date _____

Social Security Number _____

1. Have you ever been charged with a misdemeanor? _____
2. Have you ever been charged with a felony? _____
3. If you answered yes to questions 1 or 2 (or both) please list the charges, date and results.

Please sign and date below.

Please be aware that permanent employment with Academy Corporation will depend on the above information, the results of the Background Check and Drug Screening. Failure to disclose the information on this form would be considered falsification of the record, and also be grounds for dismissal.

Signature

Date

NOTIFICATION FORM REGARDING CONSUMER REPORT

For employment purposes, we may obtain a consumer report and/or an investigative report about you.

The Fair Credit Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking the adverse action, we will give you a Pre-adverse Action Disclosure that includes a copy of the report and a copy of the document entitled, "A Summary of Your Rights Under the Fair Credit Reporting Act."

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you for employment purposes and authorize all corporations, former employers, credit agencies, educational institutes, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about you. This authorization shall be valid in original and copy form.

Applicant's Name _____

Social Security Number _____

Date of Birth _____

Current Street Address _____

City, State, Zip _____

Telephone Number _____

Signature _____

Date _____

Witness Signature _____

Minnesota, Oklahoma and California residents please note: Your consumer report will be pulled from Transunion, LLC.

- Yes, I am a Minnesota resident and would like a free copy of my credit report
- Yes, I am an Oklahoma resident and would like a free copy of my credit report
- Yes, I am a California resident and would like a free copy of my credit report.