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10100 WATSON ROAD-ST. LOUIS, MO 63127 {314-966-6097}  
14649 MANCHESTER RD.-BALLWIN, MO 63011 {636-391-6450}  
301 DROSTE RD.-ST. CHARLES, MO 63301 {636-946-6060}  
2715 N. HWY.67-FLORISSANT, MO 63033 {314-838-1888}  
4500 N. ILLINOIS ST.-SWANSEA, IL 62226 {618-222-2828}  
5819 SUEMANDY DR-ST. PETERS, MO 63376 {636-278-6300}

## Job Application

*Please Print All Information*

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Have you ever been employed by us before?  Yes  No

If Yes, Date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you 18 Years or older?  Yes  No

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status?  Yes  No

*(Proof of citizenship or immigration status is required upon employment.)*

Have you been convicted of a crime within the last seven (7) years?  Yes  No

*(Other than a traffic violation.) (Conviction will not necessarily disqualify an applicant from employment)*

If yes, please explain:

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Please Print All Information

# Application For Employment

## EDUCATION

School Address	Credits Earned	Major	Diploma/Degree
High School:			
College:			
Technical/Other:			

List below all present and past employment, beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.

Name and Address of Company and Type of Business	From		To		Describe in detail work you did and your title	Weekly Start Salary or Hourly Rate	Weekly End Salary or Hourly Rate	Reason for Leaving	Name, Title and Phone Number of Your Supervisor
	MO	YR	MO	YR					

## PERSONAL REFERENCES:

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_



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Application For Employment

**SPORTS KNOWLEDGE**

Please, fill in the spaces that apply to your sports experience.

SPORT/ ACTIVITY	(√) I Have General Knowledge of This Sport/ Activity	Years Coached	Years Played/Participated	Additional Comments
Baseball/Softball				
Basketball				
Cheer/Drill Team				
Field Hockey				
Figure Skating				
Football				
Ice/Inline Hockey				
Inline Skating				
Lacrosse				
Soccer				
Swim/Water Polo				
Tennis/Raquetball				
Track & Field				
Volleyball				
Weight Training				
Wrestling				

**WHAT WOULD YOU LIKE TO DO AT JOHNNY MAC'S?**

Salesperson, Cashier, Customer Service, Warehouse, Office, Team Sales, Management	Full or Part Time	Starting Wage Desired
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**WRITE IN THE HOURS YOU ARE AVAILABLE TO WORK EACH DAY**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							



Please Print All Information

# Application For Employment

## APPLICANT'S STATEMENT and CONDITIONS OF EMPLOYMENT

**(Please read carefully before signing.)**

*I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit rating and indebtedness may be obtained prior to any final offer of employment. Upon a timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me.*

*I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination, integrity testing and drug screening if requested.*

*I agree, as a condition of my employment (should I be employed by the Company), to submit to a medical examination if requested and based on the position that I accept, I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere. I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me.*

***This application is valid for sixty days from the application date unless renewed in person or in writing.***

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR OFFICE USE ONLY:

Store Location	Today's Date
Department	Start Date
Full or Part Time	
Rate of Pay	Authorized Signature