



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

InOvation Group does not discriminate on the basis of race, color, religion, national origin, gender, age, disability, sexual orientation, veteran or martial status, or any other basis prohibited by law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Please answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on the back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

GENERAL INFORMATION

Job applied for _____ Today's Date _____

Last Name First Name MI Phone Number

Present Street Address City State Zip Code

Email Address Alternative Phone Number

When could you start working? _____ Are you willing to travel? YES NO

Are you 18 years of age or older? YES NO Social Security Number _____
(If you are hired, you may be required to show proof of age)

If hired, can you furnish proof you are eligible to work in the U.S.? YES NO

Have you ever applied at OS before? YES NO If yes, when? _____

Were you ever employed here? YES NO If yes, when? _____

Do you have any relatives employed at OS? YES NO If yes, who? _____

Have you ever been fired from a job or asked to resign? YES NO

If yes, please explain _____

Have you ever been convicted of any law violation? YES NO
(Include any plea of "guilty" or "no contest". Exclude minor traffic violations.)

If yes, give details _____
(A conviction will not necessarily disqualify an applicant for employment.)

Are you now or do you expect to be engaged in any other business or employment? YES NO

If yes, please explain _____

EDUCATION

List Name and Address of Schools	Years Completed	Diploma/ Degree	Major Studies
High School or GED _____ _____	_____	_____	_____
College or University _____ _____	_____	_____	_____
Graduate School _____ _____	_____	_____	_____
Vocational, Technical or Other _____ _____	_____	_____	_____

Have you worked or attended school under any other names? YES NO

If yes, please give names _____

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What Machines or equipment can you operate that are related to the job for which you are applying? _____

For Driving Jobs Only: Do you have a valid driver's license? YES NO

Driver's License Number _____ Class of License _____ State Licensed in _____

Have you had your driver's license suspended or revoked in the last 3 years? YES NO

If yes, give details _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

RESIDENTIAL HISTORY

Please list all the cities and states that you have lived in for the past 10 years. (City/State)

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

WORK HISTORY

List names of employers in consecutive order with the present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer	Job Title
Address	Supervisor(s)
City, State, Zip Code	Employed (mo/yr) From / To /
Telephone	Pay Start \$ Final \$
Reason for Leaving	
Duties	
Name of Employer	Job Title
Address	Supervisor(s)
City, State, Zip Code	Employed (mo/yr) From / To /
Telephone	Pay Start \$ Final \$
Reason for Leaving	
Duties	
Name of Employer	Job Title
Address	Supervisor(s)
City, State, Zip Code	Employed (mo/yr) From / To /
Telephone	Pay Start \$ Final \$
Reason for Leaving	
Duties	
Name of Employer	Job Title
Address	Supervisor(s)
City, State, Zip Code	Employed (mo/yr) From / To /
Telephone	Pay Start \$ Final \$
Reason for Leaving	
Duties	

REFERENCES

Below, please give the names of three persons you are not related to, whom you have known at least one year.

NAME	ADDRESS	PHONE	YEARS ACQUAINTED

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that the statements made in this application are true and correct to the best of my knowledge and understand that falsification of this information could result in termination of my employment. Permission is hereby granted to obtain verification of the statements made herein and to obtain references. I authorize the references listed herein to release any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same.

In making this application for employment, I understand that an investigation may be made in which information is obtained through criminal conviction checks, educational record checks and/or personal interviews with former employers, friends, associates, others with whom I am acquainted and/or others who may have knowledge of me. This inquiry includes information regarding my character, general reputation, and personal characteristics. I understand that I have a right to make a written request within a reasonable amount of time for a complete and accurate disclosure of additional information concerning the nature and scope of this inquiry.

As a condition of employment, I agree that all information which I receive in the course of my employment relating in any way to the business activities, programs, concepts or designs of Opera Shop, are to be treated by me as trade secrets and kept in confidence, not to be disclosed to any unauthorized person either during or after my employment, or used by me in any manner adverse to the interests of Opera Shop.

I understand that if I am employed, my employment will not be for a definite duration and can be terminated at any time by either myself or my employer. I further understand that none of the company's personnel policies should be construed as a contract or as a guarantee of continued employment. No representative of Opera Shop, other than the President of Opera Shop or his designees, has the authority to enter into or approve any agreement for employment for any specified period of time or to approve any agreement contrary to the foregoing.

Should my services be terminated after accepting employment, it is understood that Opera Shop may supply, in confidence, to any prospective employer my record, with no liability attaching to the company or any of its staff.

Signature _____

Date _____

This application is only valid for 60 days and will not be considered by OS for future openings or for positions other than the specific job for which you have applied.

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION
DISCLOSURE

As an applicant for employment or a current employee of Kroenke Sports Enterprises, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, Kroenke Sports Enterprises may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a *consumer reporting agency* is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Kroenke Sports Enterprises.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Kroenke Sports Enterprises to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at Kroenke Sports Enterprises. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Name

Date

Please complete the information below:

Search can be done using current or other name(s) previously used, such as maiden names, aliases and nicknames. <i>Under what name(s) should the search be done?</i>	Date of Birth
	Social Security Number
	Telephone