



**HAX**  
 HANJAR ATHLETIC EXCHANGE  
 www.HAXLA.com  
 info@HAXLA.com 310.219.0600  
 3203 Jack Northrop Ave. ★ Hawthorne, CA 90250  
 An Equal Opportunity Employer

**INSTRUCTIONS: PLEASE READ CAREFULLY**

This application is the initial part of the examination process. Read the Employment Opportunity Announcement thoroughly and note the job requirements. **PRINT** in ink or use either a computer or typewriter to complete this application. Incomplete or illegible applications may be **DISQUALIFIED**. Fill out this application completely. Clearly state your qualifications. If a question does not apply to you, write N/A. A separate application is required for each position in HAX. Avoid any reference to religion, politics, race, sex, or other non-job related traits. A completed HAX application is **required**. A résumé may also be included, but may not be substituted for a completed HAX application. The application and all attached documents become property of HAX and will not be returned.

POSITION APPLYING FOR (Give Exact Job Title):

LAST NAME:	FIRST NAME:	M.I.:
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOME PHONE NUMBER:	ALTERNATE PHONE NUMBER:	

**EDUCATION AND TRAINING**

<u>CIRCLE HIGHEST GRADE COMPLETED</u>	<u>NAME OF HIGH SCHOOL AND LOCATION</u>			<u>GRADUATE?</u>
1 2 3 4 5 6 7 8 9 10 11 12				YES NO GED
<u>NAME OF COLLEGE, BUSINESS, OR TRADE SCHOOL ATTENDED</u>	<u>CITY/STATE</u>	<u>MAJOR/SUBJECT</u>	<u>UNITS COMPLETED</u>	<u>DEGREE/CERT EARNED</u>

**PERSONAL INFORMATION**

SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE (ISSUING STATE AND NUMBER):
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Have you ever been discharged or forced to resign from any position?  Yes  No (If Yes, please explain under REMARKS)  
 Are you related to any employee of HAX?  Yes  No (If Yes, please explain under REMARKS)  
 \*\*Have you ever been convicted of a criminal offense?  Yes  No (If Yes, please explain under REMARKS)  
 Can you perform the essential functions and duties of this position with or without reasonable accommodations?  Yes  No  
 (If No, please describe the functions that cannot be performed with or without reasonable accommodations under REMARKS)

\*\*When answering this question, list only felonies or serious misdemeanors. Convictions for marijuana-related offenses that are more than two years old need not be listed. Conviction is not an automatic bar to employment; each case is considered on its own merits.

**PERSONNEL DIVISION USE ONLY**

Application Reviewed by: _____  <input type="checkbox"/> Meets Minimum Qualifications <input type="checkbox"/> Illegible <input type="checkbox"/> Does Not Meet Minimum Qualifications <input type="checkbox"/> Late <input type="checkbox"/> Missing: _____ <input type="checkbox"/> Other: _____	DATE STAMP:
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### EXPERIENCE

List all positions you have held in the last ten (10) years. Account for volunteer, part-time, military, summer positions, etc. List each change of title or promotion separately. Résumés may be attached but **WILL NOT** be accepted in lieu of **COMPLETE ANSWERS**. Check the Employment Opportunity Announcement for details on the qualifications **H.A.T.** is seeking. Start with your present or most recent position and work backwards. Attach additional sheets as necessary.

FROM (MO/DAY/YR):	EMPLOYER NAME:	SUPERVISOR NAME:
TO (MO/DAY/YR):	EMPLOYER ADDRESS:	SUPERVISOR JOB TITLE:
HRS WORKED/WEEK:	YOUR JOB TITLE:	EMPLOYER PHONE NUMBER:
# OF PEOPLE SUPERVISED:	REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DUTIES:		ENDING SALARY: \$ _____ PER _____

FROM (MO/DAY/YR):	EMPLOYER NAME:	SUPERVISOR NAME:
TO (MO/DAY/YR):	EMPLOYER ADDRESS:	SUPERVISOR JOB TITLE:
HRS WORKED/WEEK:	YOUR JOB TITLE:	EMPLOYER PHONE NUMBER:
# OF PEOPLE SUPERVISED:	REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DUTIES:		ENDING SALARY: \$ _____ PER _____

FROM (MO/DAY/YR):	EMPLOYER NAME:	SUPERVISOR NAME:
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HRS WORKED/WEEK:	YOUR JOB TITLE:	EMPLOYER PHONE NUMBER:
# OF PEOPLE SUPERVISED:	REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DUTIES:		ENDING SALARY: \$ _____ PER _____

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HRS WORKED/WEEK:	YOUR JOB TITLE:	EMPLOYER PHONE NUMBER:
# OF PEOPLE SUPERVISED:	REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DUTIES:		ENDING SALARY: \$ _____ PER _____



**UNEMPLOYMENT**

Please identify and explain all periods of unemployment in excess of one (1) month during the last ten (10) years. Attach additional sheets as necessary.

FROM (MO/YR):	TO (MO/YR):	REASON FOR UNEMPLOYMENT:
FROM (MO/YR):	TO (MO/YR):	REASON FOR UNEMPLOYMENT:

**REMARKS: (Attach additional sheets as necessary)**

**AFFIDAVIT**

**READ VERY CAREFULLY.** Place your initials on the line next to each statement. Sign your legal name and date below.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application, refusal of employment, removal of my name from an eligibility list, and/or discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize **H.A.X.** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to **H.A.X.** any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release **H.A.X.**, my former employers and all other persons, corporations, partnerships, educational institutions and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between **H.A.X.** and me. In addition, I understand and agree that if I am employed, my employment for the first twelve (12) months will be probationary and as such, my employment can be terminated at-will, at any time, for any reason, with or without notice at my option or the option of **H.A.X.**

\_\_\_\_\_ I agree that if **H.A.X.** makes a conditional offer of employment to me, I agree to undergo a physical examination by **H.A.X.** physician (at **H.A.X.** expense), which will include a drug test, be fingerprinted, and be subjected to a background investigation performed by the Department of Justice. I agree that my conditional offer of employment will be withdrawn if I fail my physical examination, fail the drug test, or fail the Department of Justice's background investigation. Additionally, I fully understand that employment is contingent upon meeting **H.A.X.** job-related physical requirements.

\_\_\_\_\_ I am aware that **H.A.X.** may obtain public records regarding me for employment purposes, including but not limited to evaluation for employment, assignment, and/or promotion as well as conducting investigations into possible misconduct. I acknowledge the term public records as used herein is limited to records of: arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## VOLUNTARY STATISTICAL INFORMATION

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### INSTRUCTIONS

To further its commitment to Equal Employment Opportunity and excellent service, the HAX requests that applicants voluntarily provide the following information. Your cooperation is essential to our success. **All information is confidential, and this section will be detached from your application packet prior to application review.**

Position Applying For (Give exact job title): \_\_\_\_\_

Gender:  Female  Male Age:  Under 18  18 to 39  40 and over

### ETHNIC AFFILIATION (check one)

- African Descent- (not of Hispanic origin) All persons having origins to any of the black racial groups of Africa
- American Indian or Alaskan Native- All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition
- Asian or Pacific Islander- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands (includes Chinese, Japanese, Korean, and Samoan)
- Filipino- All persons having origins in any of the Philippine Islands
- Hispanic- All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin
- White- (not of Hispanic origin) All persons having any of the original peoples of Europe, North Africa, or the Middle East

### VETERAN'S PREFERENCE

Veterans of the armed forces, who have received Honorable Discharges from active duty, shall receive an additional five (5%) percent added to each written, skills inventory and/or oral interview examination test score. This preference will apply only to the first appointment to any regular City appointment. A copy of a valid DD214 must be submitted on or before the final filing date in order to be eligible for Veterans Preference System.

Are you requesting Veteran's Preference?  Yes  No

### DISABILITY STATUS

Individuals with disabilities who require accommodation in the application, testing and/or interviewing process, must provide the Personnel Division by the application due date, documentation from a qualified authority to confirm the disability and prescribed accommodation. An applicant is not required to disclose information about physical or mental limitations, which he or she believes will not interfere with his or her ability to perform the essential requirements of the job. Please review HAX Employment Opportunity Announcement for this recruitment to answer the following questions.

Can you perform the essential functions of the job you are applying for?  Yes  No  
If "No", please submit the above-mentioned documentation indicating which duties you cannot perform and what accommodation(s) is (are) needed.

Can you perform the duties of the job you are applying for?  Yes  No  
If "No", please submit the above-mentioned documentation indicating which duties you cannot perform and what accommodation(s) is (are) needed.

### HOW DID YOU LEARN ABOUT THIS POSITION (check one)

- HAX website  LA Times  OC Register  
 Shopper

- Friend (who?) \_\_\_\_\_
- Internet posting (where?) \_\_\_\_\_
- Employment Opportunity Announcement posting (where?) \_\_\_\_\_
- Other \_\_\_\_\_