



Application For Employment

Pre-Employment Questionnaire — An Equal Opportunity Employer

*Incomplete or illegible applications will not be processed.

PERSONAL		DATE
NAME (Last, First, Middle)		SOC. SEC. #
ADDRESS (Street, City, State, Zip)		Other name(s) used in work history
PHONE NO. ()	ALTERNATE PHONE NO. ()	BEST TIME TO CALL: <input type="checkbox"/> AM <input type="checkbox"/> PM

ARE YOU 18 YEARS OF AGE OR OLDER: Yes No
**If under 18 years of age, employment is subject to verification of minimum legal age by a work permit.
 *Must be at least 16 years of age to work at Eastbay.
 The age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

E-MAIL ADDRESS

HOW WERE YOU REFERRED TO THIS COMPANY?

NEWSPAPER (SPECIFY)	RADIO AD (SPECIFY)	COMMUNITY AGENCY
TECHNICAL COLLEGE/UNIVERSITY	SPECIAL EVENT	OTHER
EASTBAY EMPLOYEE (EMPLOYEE'S NAME AND DEPARTMENT)		

EMPLOYMENT DESIRED

EMPLOYMENT DESIRED	POSITION
CAN YOU PERFORM THE ESSENTIAL FUNCTION OF THE JOB IN WHICH YOU ARE APPLYING FOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE YOU CAN START
	SALARY DESIRED

Please indicate your availability for work by completing the spaces below. Please consider all commitments you may have, such as other part-time employment, car pooling, travel time, school schedules, extracurricular events, etc. Must be available at least 15 hours a week.

DAYS I CAN WORK	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
HOURS I CAN START WORKING	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM
HOURS I NEED TO FINISH BY	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM
TOTAL HOURS I'D LIKE TO WORK	_____ hrs/day	_____ hrs/day	_____ hrs/day	_____ hrs/day	_____ hrs/day	_____ hrs/day	_____ hrs/day

TYPE OF EMPLOYMENT DESIRED Full-time Temp Part-time Seasonal

COMMENTS (Please include any other information that would be helpful in determining your availability for work)

HAVE YOU EVER HAD ANY CRIMINAL CONVICTIONS ? (Including misdemeanors and felonies) <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE SPECIFY (Please attach an additional sheet if needed)
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER APPLIED AT EASTBAY BEFORE? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No	PLEASE CIRCLE THE LOCATION: CORPORATE OFFICE WAUSAU CALL CENTER DISTRIBUTION CENTER OSHKOSH CALL CENTER RETAIL GREEN BAY CALL CENTER
HAVE YOU EVER WORKED AT EASTBAY BEFORE? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No	PLEASE CIRCLE THE LOCATION: CORPORATE OFFICE WAUSAU CALL CENTER DISTRIBUTION CENTER OSHKOSH CALL CENTER RETAIL GREEN BAY CALL CENTER
HAVE YOU EVER WORKED FOR A FOOT LOCKER, INC. COMPANY BEFORE? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No	PLEASE CIRCLE THE COMPANY: FOOT LOCKER CHAMPS LADY FOOT LOCKER FOOTACTION KIDS FOOT LOCKER

EDUCATION AND TRAINING

NAME AND LOCATION OF HIGH SCHOOL	DID YOU GRADUATE?		
CIRCLE THE HIGHEST GRADE/YEAR COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12	IF NOT A HIGH SCHOOL GRADUATE, DO YOU HAVE G.E.D OR EQUIVALENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ADDITIONAL EDUCATION BEYOND HIGH SCHOOL, COLLEGE OR UNIVERSITY, BUSINESS COLLEGE, OR OTHER SCHOOLS YOU HAVE ATTENDED	CIRCLE THE NUMBER OF YEARS COMPLETED IN COLLEGE OR UNIVERSITY 1 2 3 4 5 6 7 8		
NAME AND LOCATION OF SCHOOLS	GRADUATED	MAJOR	DEGREE RECEIVED
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Typing/Keyboarding skills: Yes No Computer skills: Yes No Foreign languages: Read Write Speak

Describe any education and training you have had that is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work that you feel is relevant to the job you are applying for. Also include relevant licenses or certificates. Be specific and include dates.

EMPLOYMENT INFORMATION List below your last four employers, starting with the most recent.

DATE (MONTH & YEAR)	NAME AND ADDRESS OF EMPLOYER	TITLE/ENDING PAY	REASON FOR LEAVING
FROM _____ TO _____	Employer _____ City _____ Phone No. _____ State _____ Name of Supervisor _____		<input type="checkbox"/> Resigned (EXPLAIN) <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff
FROM _____ TO _____	Employer _____ City _____ Phone No. _____ State _____ Name of Supervisor _____		<input type="checkbox"/> Resigned (EXPLAIN) <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff
FROM _____ TO _____	Employer _____ City _____ Phone No. _____ State _____ Name of Supervisor _____		<input type="checkbox"/> Resigned (EXPLAIN) <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff
FROM _____ TO _____	Employer _____ City _____ Phone No. _____ State _____ Name of Supervisor _____		<input type="checkbox"/> Resigned (EXPLAIN) <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff

REFERENCES Give the names of three persons not related to you, whom you have known at least one year.

NAME	TELEPHONE NUMBER	OCCUPATION	YEARS ACQUAINTED

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

I acknowledge the Company's notification to me as required by the Fair Credit Reporting Act of 1970 that an investigative consumer report may be made on me, including information on my character, general reputation, personal characteristics and mode of living. I further understand that upon my written request a complete and accurate disclosure of the nature and the scope of the investigation requested will be provided for me.

Eastbay is hereby authorized to fully investigate my criminal history, work records and qualifications either before or after my employment (all employers). Should I have a criminal conviction or a pending charge involving a breach of trust or dishonest act, I understand that Eastbay may be required to suspend or terminate my employment pursuant to federal regulations. If my employment is terminated because of my criminal record, I understand that I will not be considered for any future employment with Eastbay and that this information will become a part of my permanent record with Eastbay. If I have any concerns with regard to these matters, I understand that Eastbay prefers to discuss them prior to employment; however, should such a matter arise after my employment has begun, I agree to contact Eastbay as soon thereafter as practical.

I understand my employment with Eastbay is conditioned upon verification that I am a US citizen or alien authorized to work in compliance with the Immigration Reform and Control Act of 1986, as it may be amended from time to time, and regulations promulgated thereunder.

If employed, I understand that, where required, I will sign Eastbay's agreement covering patents and confidential information.

I hereby affirm that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any information, which, if disclosed, might affect my employment.

SIGNATURE _____	DATE _____
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Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

Telephone number (____) _____ - _____

If you are under age 40, enter your date of birth (month, day, year) ____ / ____ / ____

- 1 Check here if you are completing this form **before** August 28, 2007, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received food stamps for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received food stamps for the past 6 months, **or**
 - b Received food stamps for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____ / ____ / ____

For Employer's Use Only

Employer's name _____ Telephone no. () - EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. () - _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant: Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job _____

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ Title _____ Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code. Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:
Recordkeeping 5 hrs., 30 min.
Learning about the law or the form 24 min.
Preparing and sending this form to the SWA 30 min.
If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224.
Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



Voluntary Data Form

We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, martial or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. **Completion of the information below is strictly voluntary and is not part of your application for employment. Failure to provide it will not subject you to any adverse personnel decision or action.**

Last Name: _____ First Name: _____ Date: _____

Date of Birth: _____

Gender: Male / Female

Ethnic Category: (circle one)

- American Indian or Alaskan Native Black or African American White or Caucasian
- Hispanic or Latino Asian Native Hawaiian or other Pacific Islander
- Two or more races Other _____

Yes/No Do you wish to identify yourself as a handicapped individual, a disabled veteran, or a Vietnam Era Veteran and be considered under the Affirmative Action Plan?

Check one:

_____ **A Qualified Handicapped Individual:** One who: 1) Has a physical or mental impairment which substantially limits one or more of that person's major life activities, or 2) Has a record of such impairment, or 3) Is regarded as having such impairment, and 4) Is capable (qualified) of performing a particular job with reasonable accommodation to his/her handicap.

_____ **A Qualified Disabled Veteran:** 1) A person entitled to disability compensation under laws administered by the Veterans Administration for disability incurred or aggravated in the line of duty, and 3) Is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.

_____ **A Vietnam Era Veteran:** 1) A person who (a) actively served for more than 180 days, any part of which occurred between August 5th, 1964 and May 7th, 1975 and was released with other than a dishonorable discharge or (b) was released from such active duty for a service-connected disability; and 2) A person who was discharged/released within 48 months prior to an alleged violation of the Act and/or of the regulation issued thereunder on July 26th, 1976.

To be completed by the applicant. Not for interview purposes