



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION

Today's Date: _____

Full Name: _____

Address: _____ City/State: _____ ZIP: _____

Phone Number: _____ Email: _____

Are you 18 years or older? Yes No Are you a legal citizen of the US? Yes No

Have you ever been convicted of a felony, or pleaded no contest for any offense or have pending criminal charges pending? Convictions are not an automatic bar to employment. Yes No

Explain:

EMPLOYMENT DESIRED

Please check the department you are applying for:

- Front Desk Playroom Housekeeping Office Fitness/Personal Trainer
- Membership Tennis Aquatics Grill Youth/Adult Programs
- Group Exercise

If a position in the selected department is unavailable, would you be interested in opportunities in other departments?

No Yes, other possibilities include: _____

Date you can start: _____ Salary Desired: _____ Referred by: _____

Full time Part time Hours available to work each week: 15-20 hours 20-30 hours 35-40 hours
 Seasonal Dates Available: _____

Ever applied to this company before? _____ Where: _____ When: _____

Education	Name and Location of School	# of Years Attended	Did you Graduate?	Subject Studied
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Subject of special study or research work: _____

Special Skills/Certifications: _____

Activities (Civic, Athletic, etc.): _____
 Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. Military or Naval Service: _____ Rank: _____ Present Membership in National Guard or Reserves: _____

Do you have any medical conditions that would prohibit you from performing tasks pertaining to the position that you are applying for? Yes No If yes, please explain _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT EMPLOYER)

<u>Date (Month & Year)</u>	<u>Name and Phone # of Employer</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for Leaving</u>
From _____*				
To _____				
From _____*				
To _____				
From _____*				
To _____				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

<u>Name</u>	<u>Address and Phone #</u>	<u>Business</u>	<u>Relationship</u>
1.			
2.			
3.			

Signature of Applicant: _____ Date: _____

In case of emergency notify: _____ Phone #: _____

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S OWNERS, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE OWBNNERS, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interview by: _____ Date: _____

Hired: Yes No Position: _____ Dept.: _____

Follow Up Letter Sent? Yes No Date Sent: _____ Staff Initials: _____

Salary/Wage: _____ Date Reporting to Work: _____

Approved: _____
Employment Manager **Department Head** **General Manager**