



This Company and its affiliates (the "Employer") is an Equal Opportunity Employer. Applications for all job openings are welcome and will be considered without regard to race, gender, age, color, creed, religion, marital status, national origin, disability or handicap, military status or any other basis protected by applicable federal, state or local law. All activities relating to employment including recruitment, testing selection, promotion, training and termination shall be conducted in a nondiscriminatory manner.

PLEASE TELL US ABOUT YOURSELF Date: _____

Last Name _____ First Name _____ Middle Initial _____

Preferred/Nick Name _____

Current Address _____ City _____ State _____ Zip _____

Social Security XXX-XX-_____ Are you under 18? **Yes** **No** If Yes, how old? _____

Telephone home () _____ Do you have appropriate work documents? **Yes** **No**

Telephone cell () _____

Have you ever been convicted of a crime other than a minor traffic violation? **Yes** **No**

If yes, please indicate disposition _____

HOW MANY HOURS WOULD YOU LIKE TO WORK EACH WEEK?

Less than 20 20 - 30 hours 31+ hours

DESIRED WAGE: \$ _____/hr.

EMPLOYMENT DESIRED, please select from the following list:

- Member Services Child Care Aquatics Instructor/Lifeguard
- Towel Desk/Housekeeping Personal Trainer Cafe Vitality
- Front Desk Group Fitness Instructor Membership Sales

AVAILABILITY: If hired, when could you begin work? _____

WHAT HOURS CAN YOU WORK?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

PREVIOUS EMPLOYMENT

Company _____ **Address** _____

City _____ **State** _____ **Zip** _____

Telephone (____) _____ If you are currently employed, may we contact? **Yes** **No** Last Wage \$ _____

When did you start? _____ When did you leave? _____ Why did you leave? _____

Supervisor's name _____ Position/Job _____

Company _____ **Address** _____

City _____ **State** _____ **Zip** _____

Telephone (____) _____ If you are currently employed, may we contact? **Yes** **No** Last Wage \$ _____

When did you start? _____ When did you leave? _____ Why did you leave? _____

Supervisor's name _____ Position/Job _____

Company _____ **Address** _____

City _____ **State** _____ **Zip** _____

Telephone (____) _____ If you are currently employed, may we contact? **Yes** **No** Last Wage \$ _____

When did you start? _____ When did you leave? _____ Why did you leave? _____

Supervisor's name _____ Position/Job _____

PLEASE LIST A WORK, SCHOOL OR PERSONAL REFERENCE (not a family member) WE MAY CONTACT.

Name	Relationship	Type of reference	Telephone
			Home()
			Work ()

EDUCATION	Name & Location	# of Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade/Business or Correspondence				

WHAT, IF ANY, OUTSIDE ACTIVITIES, AFFILIATIONS AND/OR ORGANIZATIONS DO YOU BELONG TO? _____

GENERAL

Certifications _____

Subjects of special study or research work: _____

Special skills: _____

Authorization and Understanding

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN THIS APPLICATION.

A. Authorizations: My answers are complete and true to the best of my knowledge and belief. I acknowledge that any false statement or omission in answering the above questions may result in the rejection of my application or can result in immediate discharge and/or the termination of employment. I hereby release employer, previous employers, and all persons contacted from any and all liability for damages incurred while verifying the accuracy of the lawful information provided. In consideration of my employment, I agree to abide by all Employer and client rules and regulations. I acknowledge that, if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of Employer and can be terminated, with or without cause, and with or without notice, at any time, at the option of either Employer or myself.

B. Workers' Compensation Claims: I shall report all work-related injuries and/or illnesses to the Employer as soon as possible following the incident. I understand that the processing of such claims will be done by the Employer's workers' compensation insurance carrier and that any compensation due to me shall be paid by Employer's workers' compensation insurance carrier.

C. Trade Secrets: The term "Confidential Information" means all information belonging to or used by Employer or its clients related to internal operations, procedures and policies, business strategies, pricing, billing information, personnel information, customer contacts, sales information, employee lists, technology, software source codes, programs, costs, marketing plans, developmental plans, computer programs and system, security systems, and all other plans, proprietary information and trade secrets of every kind and character. Confidential information is the exclusive property of Employer and/or its clients. By virtue of being employed by Employer, certain confidential information has been and will be disclosed to me. These disclosures are made solely to assist me in the performance of my responsibilities. My right to use confidential information, and the extent thereof, is at Employer's sole discretion and such rights shall expire immediately upon the termination of my employment. I shall not, either during or after my employment with Employer, disclose any confidential information for any reason or purpose contrary to the interest of Employer or the client to which I am assigned. Upon termination of employment, I shall immediately return all property in my possession relating to Employer or the client's business.

D. Background Checks, Drug Testing and Physical Examinations: I understand that if my employment requires additional preemployment criteria, such as a driver's records check, a background investigation, and/or a preemployment drug test, and if I have been offered or started employment before any such investigation or test is completed, my employment, or continued employment, will be contingent on satisfactory results on all. It is Employer's policy to maintain a work place that is free from the effects of both legal and illegal drug and/or alcohol abuse. Employer may require drug testing of job applicants and employees. I understand a drug test may be required prior to employment, and based upon reasonable suspicion and/or a work-related accident during my employment. Refusal to take, altering the results of, or failing the drug test will disqualify me from consideration or continuation of employment. I also acknowledge that, if hired, I may be required to submit to medical /physical examinations when job related and consistent with business necessity.

I have read each section of the agreement and I accept the terms and conditions described.

Applicants Signature: _____ Date: _____