



FAYETTEVILLE ATHLETIC CLUB

APPLICATION FOR EMPLOYMENT (Please Print)

PERSONAL INFORMATION:

Full Name: _____
First Middle Last

Address: _____
Street Apt #

City State Zip

Daytime Number: _____ Cell/Other: _____

Email: _____

APPLYING FOR:

Part-Time ____
Full-Time ____

How did you hear about our job opening?

Friend/Relative ____
Driving by/Banner ____
Other: ____
Website: _____

Have you ever worked for Fayetteville Athletic Club before? Yes ____ No ____

Today's Date: _____

If yes, when and what position? _____

Which department(s) are you applying for? (circle one or more)

Front Desk Tennis Membership Sales Kids Club Housekeeping Maintenance Personal Training Group Fitness Sports Pilates

Are you at least 16 years old? Yes ____ No ____ Are you at least 18 years old? Yes ____ No ____

Have you ever been convicted of a crime (Felony or Misdemeanor) other than a minor traffic infraction?

Yes ____ No ____ If yes, please explain in full detail (A conviction will not necessarily result in the denial of employment.):

AVAILABILITY:

When are you available to start work? _____

HOURS AVAILABLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM	__ AM __ PM	__ AM __ PM	__ AM __ PM	__ AM __ PM	__ AM __ PM	__ AM __ PM	__ AM __ PM
TO	__ AM __ PM	__ AM __ PM	__ AM __ PM	__ AM __ PM	__ AM __ PM	__ AM __ PM	__ AM __ PM

EDUCATION:

High School Attended: _____ City/State: _____ Graduated: __ Yes __ No

College Attended: _____ City/State: _____ Graduated: __ Yes __ No

Course of Study: _____ Degree: _____

Other Schools/Degrees: _____

MILITARY SERVICE:

Branch of Service: _____ Date of Entry: _____ Date of Discharge: _____

Rank Attained: _____ Specialized Training Received: _____

EMPLOYMENT HISTORY (Start with your present or most recent position):

Name of Employer: _____ Telephone Number: _____
Supervisor's Name & Title: _____
Full Address: _____
Street City State Zip
Start Date: _____ Start Position: _____ Start Salary/Wage: _____
Month/Year
End Date: _____ Last Position: _____ Last Salary/Wage: _____
Month/Year
Summary of Duties: _____

Name of Employer: _____ Telephone Number: _____
Supervisor's Name & Title: _____
Full Address: _____
Street City State Zip
Start Date: _____ Start Position: _____ Start Salary/Wage: _____
Month/Year
End Date: _____ Last Position: _____ Last Salary/Wage: _____
Month/Year
Summary of Duties: _____

Name of Employer: _____ Telephone Number: _____
Supervisor's Name & Title: _____
Full Address: _____
Street City State Zip
Start Date: _____ Start Position: _____ Start Salary/Wage: _____
Month/Year
End Date: _____ Last Position: _____ Last Salary/Wage: _____
Month/Year
Summary of Duties: _____

PERSONAL REFERENCES:

1. Name: _____ Phone: _____
Address: _____
How do you know this person? _____ For how long? _____

2. Name: _____ Phone: _____
Address: _____
How do you know this person? _____ For how long? _____

3. Name: _____ Phone: _____
Address: _____
How do you know this person? _____ For how long? _____

CONSENT:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment or if employed, shall be grounds for termination of employment.

I understand that my employment at this Company would be "at will," which means that either I or the Company could terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. My employment would be continued on that basis, and I understand that no associate has the authority to alter the foregoing.

BACKGROUND & DRUG SCREEN:

I authorize investigation of all statements contained herein. By signing below, I hereby authorize the Company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, and/or military services to obtain release of information about my background (including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history) to the Company. I release all parties from all liability for any damage that may result from furnishing the information to you. This release shall remain in effect for the length of my employment. I understand that I may have a right to request additional disclosures regarding the nature and scope of the investigation.

By signing below, I understand that my credit history may be investigated and used in initial and ongoing employment decisions to the extent not prohibited by law. I also understand that I will be given a copy of any consumer report and a written description of my rights under the Fair Credit Reporting Act should a consumer report be used.

I understand and agree that according to Company policy, I may be required to take one or more drug screening test(s) as a condition of employment and for continued employment. I consent to take test(s) at such times as designated by the Company, and release the Company, its directors, managers, owners, agents or associates from any claim arising in connection with such tests.

Signature of Applicant: _____

Date: _____