



Airport Health Club

Mission Statement: To provide exceptional service in an innovative and supportive environment for personal well-being

The Airport Club Employment Application An Equal Opportunity Employer

Please Print

Date _____

Name _____

 Last First Middle
Cell Phone (_____) _____ Home Telephone (_____) _____

Email Address: _____

Present Address _____
 No. Street City State Zip

Permanent Address, if different from present address:

No. Street City State Zip

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?Yes ___ No ___ Regular part-time work?.....Yes ___ No ___

Temporary work, e.g., summer or holiday work? Yes ___ No ___

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From _____

Are you available for work on weekends? ...Yes ___ No ___ Available to work overtime?...Yes ___ No ___

If hired, on what date can you start work? _____

Hourly Wage or Salary desired: _____

Personal Information

Have you ever applied to or worked for The Airport Club before? Yes ___ No ___

If yes, when? _____

Do you have any friends or relatives working for The Airport Club? Yes ___ No ___

If yes, state name(s) and relationship(s) _____

Why are you applying for work at The Airport Club? _____

If hired, would you have a reliable means of transportation to and from work?Yes ___ No ___

Are you at least 18 years old?Yes ___ No ___

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?Yes___ No___

Are you able to perform the essential functions of the job for which you are applying?Yes___ No___
If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Education, Training and Experience

School	Name & Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School			Yes___ No___	
College/ University			Yes___ No___	
Vocational/ Business			Yes___ No___	
Health Care/Other			Yes___ No___	

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at The Airport Club? If so, please explain. _____

Answer the following questions if you are applying for a professional position.

Are you currently licensed/certified for the job applied for?Yes___ No___

Name of license/certification _____ Issuing state _____

License/certification number _____

Has your license/certification ever been revoked or suspended?Yes___ No___

If yes, state reason(s), date of revocation or suspension and date of reinstatement. _____

Employment History

List below all present and past employment starting with your most recent employer (last 5 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

May we contact this employer for a reference?Yes___ No___

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes__ No__

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes__ No__

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes__ No__

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes__ No__

If so, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

1) Name: _____
Address _____

No. Street City State Zip

Occupation: _____

Telephone No. (_____) _____ Number of Years Acquainted _____

2) Name: _____

Address _____

No. Street City State Zip

Occupation: _____

Telephone No. (_____) _____ Number of Years Acquainted _____

3) Name: _____

Address _____

No. Street City State Zip

Occupation: _____

Telephone No. (_____) _____ Number of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

INFORMATION ACCURACY

_____ 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 or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

AUTHORIZATION TO CHECK REFERENCES

_____ I hereby authorize the company 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 the company 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 the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

AGREEMENT TO ARBITRATION

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

AT WILL EMPLOYMENT

_____ 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 me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date _____

Signature of Applicant _____