



# APPLICATION FOR EMPLOYMENT

**Equal Employment Opportunity Policy:** We are committed to providing equal employment opportunities to all employees and applicants without regard to race, ethnicity, religion, color, sex (including childbirth, breast feeding and related medical conditions), gender, gender identity or expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other protected status in accordance with all applicable federal, state and local laws.

## PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_  
Street and number City State Zip Code

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_  
Name Phone

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_  P/T  F/T PAY DESIRED \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

REFERRED BY \_\_\_\_\_ HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

## EDUCATION

<u>SCHOOL NAME</u>	<u>YEARS COMPLETE</u>	<u>DIPLOMA/DEGREE</u>	<u>COURSE OF STUDY</u>
High School	_____	_____	_____
College/University	_____	_____	_____
Graduate/Professional	_____	_____	_____
Trade or Correspondent	_____	_____	_____

## PERSONAL REFERENCES

Please list persons (over 18 years old) whom you know well – not previous employers or relatives.

<u>NAME</u>	<u>OCCUPATION</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u># YEARS KNOWN</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present and previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment. If self-employed, give business name and supply business references.

**EMPLOYER** \_\_\_\_\_ **POSITION** \_\_\_\_\_ **DATES** \_\_\_\_\_ **To** \_\_\_\_\_

ADDRESS \_\_\_\_\_ DUTIES \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE # \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

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**EMPLOYER** \_\_\_\_\_ **POSITION** \_\_\_\_\_ **DATES** \_\_\_\_\_ **To** \_\_\_\_\_

ADDRESS \_\_\_\_\_ DUTIES \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE # \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

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**EMPLOYER** \_\_\_\_\_ **POSITION** \_\_\_\_\_ **DATES** \_\_\_\_\_ **To** \_\_\_\_\_

ADDRESS \_\_\_\_\_ DUTIES \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE # \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

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**EMPLOYER** \_\_\_\_\_ **POSITION** \_\_\_\_\_ **DATES** \_\_\_\_\_ **To** \_\_\_\_\_

ADDRESS \_\_\_\_\_ DUTIES \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE # \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

Have you ever been terminated or asked to resign from any job?  Yes  No If yes, please explain circumstances:

\_\_\_\_\_

Please explain fully any gaps in your employment history:

\_\_\_\_\_

May we contact your current employer?  Yes  No If No, please explain:

\_\_\_\_\_

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying:

\_\_\_\_\_

If hired, can you furnish proof that you are over 18 years of age?  Yes  No

Do you have adequate transportation to and from work?  Yes  No

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# APPLICANT'S STATEMENT & AGREEMENT

1. In the event of my employment in a position with this Company, I will comply with all rules and regulations of this Company. I understand that the Company may require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.
2. I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself. I also authorize the Company to use social media and other internet resources as part of the pre-employment screening process to the extent permitted by law.
3. I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview, is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information proved to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.
4. I and the Company agree to utilize binding arbitration as the sole and exclusive means to resolve all disputes that may arise out of or be related in any way to my employment or my application for employment. I and the Company each specifically waive and relinquish our respective rights to bring a claim against the other in a court of law and to have a trial jury. Both I and the Company agree that any claim, dispute, and/or controversy that I may have against the Company (or its owners, directors, officers, managers, employees, or agents), or the Company may have against me, shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act ("FAA"), in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive right to discovery). The FAA applies to this Agreement because the Company's business involves interstate commerce. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination, harassment and/or retaliation, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise. The only exceptions to binding arbitration shall be for claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, Employment Development Department claims, or other claims that are not subject to arbitration under current law. Moreover, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement).
5. In addition to any other requirements imposed by law, the arbitrator selected to hear claims under this Agreement shall be a retired California Superior Court Judge, or an otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all right to resolution of the dispute by means and motions for summary judgement, judgment on the pleadings, and judgement under Code of Civil Procedure Section 631.8 shall apply and be observed. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this Agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. Resolution of all disputes shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law.
6. I agree that, if hired, my employment shall not be for any specific duration and either the Company or I may terminate my employment relationship at any time, with or without cause and/or with or without prior notice. This express at-will agreement acknowledgement supersedes any and all prior representations or understandings, whether written or oral, express or implied, between the Company and me. My employment-at-will status, if hired, may only be changed in a written document signed by the president of the Company.
7. This is the entire agreement between myself and the Company regarding dispute resolution, the length of my employment if hired, and the reasons for termination of my employment, and this agreement supersedes any an all prior agreements regarding these issues. Oral representations or agreements made before or after my employment do not alter this Agreement. If any term, provision, or portion of this Agreement is determined to be void or unenforceable it shall be severed and the remainder of this Agreement shall be fully enforceable.

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTOOD, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS.**

**>> DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGEMENT AND AGREEMENT.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# ADDITIONAL INFORMATION

Briefly describe your experience in customer service, including, but not limited to experience at a health club.

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What are your strengths? \_\_\_\_\_

What are your weaknesses? \_\_\_\_\_

What are you looking for in a job? \_\_\_\_\_

Why do you think this job will be right for you? \_\_\_\_\_

How many hours per week do you want to work? \_\_\_\_\_

What hours are you available to work?

**NOW**

**IN THE FUTURE** – Effective \_\_\_\_\_  
(e.g. when school begins/ends)

MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____
SATURDAY	_____	_____
SUNDAY	_____	_____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date