



Application for Employment

Date: _____

Pre-employment Questionnaire

Equal Opportunity Employer

Personal Information:

Names (Last Name, Middle Initial, First)		Social Security No
Present Address		
City	State	Zip
Email		
Past Address		
City	State	Zip
Phone No	Referred By	

Note: Harbor Athletic Club is an at will employer

Employment Questions:

Position applied for	Date you can start	Salary Desired
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?	
If you are under 18 we require a work permit, can you furnish one? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, are you legally allowed to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Permanent		
* Have you ever pleaded "guilty," "no contest," or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, give dates and details:	
* Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.		

References: (Give below the names of three persons not related to you, whom you have known at least one year)

Name	Address	Business	Years Known	Phone #

General Information:

Subjects of special study/research work or special training/skills	
U.S. Military or Naval Service	Rank

Continued on other side

Education:	Name & location of school	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade/other school			

Former Employers (begin with most recent position)

Dates of employment:	From	To	Position(s) Held:
Firm:			Address:
Supervisor:			Phone
Responsibilities:			
Reason for leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dates of employment:	From	To	Position(s) Held:
Firm:			Address:
Supervisor:			Phone
Responsibilities:			
Reason for leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dates of employment:	From	To	Position(s) Held:
Firm:			Address:
Supervisor:			Phone
Responsibilities:			
Reason for leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquires in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____



Harbor Athletic Club - Hours Availability Sheet

Name: _____ Date: _____

Main Club Hours of Operation: Sunday 24 Hours/Day

Day Shifts: 5:00am to 11:00pm	Kidscare Hours: hours vary, check website
Overnight Shifts: 10:00pm to 7:00am	Wellness Center: hours vary, check website

Applying for (check applicable): ___ Day Shifts ___ Overnight Shifts

Please indicate below the hours that you are available to work. If you are applying for a maintenance position, please show overnight availabilities.

Monday	_____	to	_____	(overnight	_____	to	_____)
Tuesday	_____	to	_____	(overnight	_____	to	_____)
Wednesday	_____	to	_____	(overnight	_____	to	_____)
Thursday	_____	to	_____	(overnight	_____	to	_____)
Friday	_____	to	_____	(overnight	_____	to	_____)
Saturday	_____	to	_____	(overnight	_____	to	_____)
Sunday	_____	to	_____	(overnight	_____	to	_____)

WEEKENDS are a required, usually Harbor Athletic Club will try to schedule every other, if you prefer an every weekend shift please indicate.

COMMENT: _____

How many hours per week are you interested in working: _____

What type of employment are you seeking? (circle all that apply):

Perm. Full Time	Perm. Part Time	Temp. Full Time	Temp. Part Time
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Areas of Interest: ___ Main Club ___ Wellness Center ___ Both Locations

Front Control Desk	_____	Swim Lesson Instructor	_____
Maintenance	_____	Lifeguard	_____
Kidscare (childcare)	_____	Basketball Instructor	_____
Indoor Cycling	_____	Youth Fitness	_____
Arthritis Instructor	_____	Group Floor Instructor	_____
Water Aerobics Instuc.	_____	Personal Trainer	_____

Certifications held or on progress: _____

(Office use only) File Number: