

# HARBOR

ATHLETIC CLUB

Pre-employment Questionnaire

## Application for Employment

Equal Opportunity Employer

Date: \_\_\_\_\_

### Personal Information:

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

Note: Harbor Athletic Club is an at will employer

### Employment Questions:

Position applied for	Date you can start	Hourly Wage 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 16 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	Email 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

<b>Education:</b>	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: \_\_\_\_\_

**Hours of Availability Sheet**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Main Club Current Hours of Operation: \_\_\_\_\_ FILE NUMBER: \_\_\_\_\_

Day Shifts: 5:00am to 11:00pm Overnight Shifts: 10:00pm to 7:00am

Harbor Wellness Center: Hours vary see website for current Hours of operation.

Front Desk and Kidsclub runs three schedules per year:

January 2 – June 12

June 13 – Labor Day

Labor Day – December 31st

**Please indicate below the hours that you are available to work.**

Applying for (circle all the apply):

**Day Shifts**

**Overnight Shifts**

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 _____)

Some WEEKENDS are 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

**Areas of Interest:** \_\_\_\_\_ **Both locations** \_\_\_\_\_ **Main Club** \_\_\_\_\_ **Wellness Center**

Front Control Desk	_____	Swim Lesson Instructor	_____
Maintenance	_____	Lifeguard	_____
Kidscare (childcare)	_____	Basketball Instructor	_____
Indoor Studio Cycling	_____	Youth Fitness/Afterschool	_____
Arthritis Instructor	_____	Group Floor Instructor	_____
Water Aerobics Instuc.	_____	Personal Trainer	_____
Yoga Instructor	_____	Pilates Instructor	_____
Canvas Club Boxing	_____	Party Host/Lifeguard	_____

Other: \_\_\_\_\_

Certifications held or in progress: \_\_\_\_\_

(Office use only) File Number: