

# APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

## PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you 18 years or older?  Yes  No Are you a legal citizen of the U.S.?  Yes  No

Have you ever been convicted of a felony?  Yes  No "I AM AWARE THAT A BACKGROUND CHECK WILL BE PERFORMED AND MAY IMPACT MY EMPLOYMENT STATUS WITH HARFORD HEALTH AND FITNESS. \_\_\_\_\_

APPLICANT'S SIGNATURE

## EMPLOYMENT DESIRED

What position(s) are you applying for? \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Referred by: \_\_\_\_\_

### **Please fill out your availability in the box below:**

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							

Are you employed now? \_\_\_\_\_ If so, may we inquire of your current employer? \_\_\_\_\_

Have you ever applied to this company before  Yes  No / When? \_\_\_\_\_. Have you ever applied to the company's previous location The Harford Health & Fitness Club, Aberdeen before?  Yes  No / When? \_\_\_\_\_

## EDUCATION NAME AND LOCATION OF SCHOOL # YRS. ATTENDED DID YOU GRADUATE? SUBJECT STUDIED

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS, OR  
CORRESPONDENCE SCHOOL

## GENERAL

Subject of special study or research work: \_\_\_\_\_

Special Skills and/or Certifications: \_\_\_\_\_

Activities (Civic, Athletic, etc.): \_\_\_\_\_

\*Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Present Membership in  
National Guard or Reserves: \_\_\_\_\_

Do you have any medical conditions that would prohibit you from performing tasks pertaining to the position that you are applying for?  Yes  No If yes, please explain \_\_\_\_\_

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

<b>Date (Month &amp; Year)</b>	<b>Name and Phone # of Employer</b>	<b>Salary</b>	<b>Position</b>	<b>Reason for Leaving</b>
From _____*				
To _____				
From _____*				
To _____				
From _____*				
To _____				

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

<b>Name</b>	<b>Address &amp; Phone #</b>	<b>Business</b>	<b>Years Acquainted</b>
1.			
2.			
3.			

The following statement applies in: Maryland and Massachusetts. (Fill in name of State):

IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone #: \_\_\_\_\_

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

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

**DO NOT WRITE BELOW THIS LINE**

Interview by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Neatness: \_\_\_\_\_ Ability: \_\_\_\_\_

Hired:  Yes  No Position: \_\_\_\_\_ Dept.: \_\_\_\_\_

Follow Up Letter Sent?  Yes  No Date Sent: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Date Reporting to Work: \_\_\_\_\_

Approved: \_\_\_\_\_  
**Employment Manager**                      **Department Head**                      **General Manager**