

Windsor Athletic Club (WAC) Employment Application

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran status, or disability

PERSONAL

Date of Application: / /

Name: _____ Social Security No.

Last First Middle Initial

Present Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at this address? _____ Phone Number: (_____) _____ - _____

Job applied for: _____ Rate of pay expected: \$ _____

How did you hear of this opening? _____

Availability

Mon.		Tues.		Wed.		Thur.		Fri.		Sat.		Sun.	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

How many hours a week would you like to work? _____

Have you ever worked at a WAC before? Yes No If yes, When _____ Where _____

HOW WOULD YOU RATE YOURSELF?

(1 = Improvement needed, 2 = OK, 3 = Good, 4 = Top Performer)

- ___ Energy Level: Your sense of urgency, self motivation, and enthusiasm.
- ___ Communication Skills: Your ability to listen well, express ideas clearly, and accept feedback
- ___ Hospitality: Your natural friendliness and customer service skills
- ___ Reliability: Your dependability, attendance, self-discipline, and dedication.
- ___ Personal Pride: Your appearance, hygiene, and achievement.
- ___ Teamwork: Your cooperation with others and team spirit.

1. What achievement are you most proud of? _____
2. What are your personal strengths? _____
3. What are your weakest areas? _____
4. What are your 5 year goals? _____
5. Why do you want to work here? _____

Can you perform the essential functions of this job, with or without accommodations? Yes No

In case of emergency. Contact: _____ Phone: (_____) _____ - _____

Do you have reliable transportation to work? Yes No

Do you have any relatives or friends currently working for WAC? Yes No

If yes, state relationship to you and location of employment _____

In the event you are required to use your personal or company automobile to conduct company business, please complete the following

Do you have a valid drivers license? Yes No If Yes, indicate: _____

(State) (Number)

Do you have Automobile liability insurance? Yes No

(Only applicants whose job will include driving need respond. Ask the manager to whom you are applying for details)

LIST BELOW, BEGINNING WITH YOUR MOST RECENT. ALL PRESENT AND PAST EMPLOYMENT

Name, Address and Phone # of Company	From		To		Last Position Held		Weekly Starting Salary	Weekly last Salary	Reason for Leaving	Name of Supervisor
	Mo	Year	Mo	Year	Title	Duties				

PERSONAL REFERENCES (Not former employees or relatives)

Name and Address	Occupation	Phone Number

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Years Attended		Last Year Completed	Did you Graduate	Diploma or Degree	GPA
			From	To				
High								
Col/VoT								

BACKGROUND

Are you 18 years of age? Yes No If no, Date of Birth: / /

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of any crime, excluding misdemeanors? Yes No

Have you ever been convicted of any crime involving violence to another person? Yes No

Have you ever been convicted of any crime involving dishonesty? Yes No

Are you serving probation for any misdemeanor offense? Yes No

Have you ever been confused or disciplined for cash handling violations? Yes No

IMPORTANT - READ BEFORE SIGNING

I certify that information given herein is true and complete to the best of my knowledge.

I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand the employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during employment.

Signed: _____

Date: / /