

APPLICATION FOR EMPLOYMENT



MIDLOTHIAN ATHLETIC CLUB

play hard. live better.

Date _____

Personal Data

Full Name (First, Middle, Last)

Address	City	State	Zip
Phone number	Email address		
Are you legally eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who were you referred by?		
Social Security #	Date of Birth		

Have you been employed here previously? If yes, when and what position?

Yes No

If selected for employment, are you willing to submit to a background check?

Yes No

Have you ever been known by another name? If yes, please explain.

Yes No

Are you willing to be photographed for your personnel record?

Yes No

Position

Position you are applying for	Available start date	Desired pay rate
Employment desired	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	

Education

School name	Location	Years attended	Degree received	Major

Employment History

Employer (1)	Job title		Dates Employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Duties and Responsibilities

Reason for Leaving

Employer (2)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Duties and Responsibilities

Reason for Leaving

Employer (3)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Duties and Responsibilities

Reason for Leaving

List other jobs not covered above

Name of Company	Position	Dates of Employment	Reason for Leaving

References (Business and professional only)

Name	Title	Company	Phone

Signature and Disclaimer

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING BELOW

These facts set forth in this application for employment are true and complete. I understand that if employed, false statements, omissions or misleading statements on the application shall be considered sufficient cause for termination and I agree that my prospective employer shall not be held liable in any aspect if my employment is terminated because of such omissions or false or misleading statements. My prospective employer is hereby authorized to investigate my employment history, including contacting of the employers listed on the previous pages. I hereby release my former employers from any liability on account of furnishing information regarding my work record to my respective employer. (If there is a particular employer you do not wish us to contact, please indicate which one and why.) I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice. I further understand and agree to abide by all company procedures and safety rules, including submitting to a drug test, if requested, as a condition of continued employment.

Name (please print)	Signature
Date	