



APPLICATION FOR EMPLOYMENT

NEW YORK HEALTH & RACQUET CLUB IS AN EQUAL OPPORTUNITY EMPLOYER AND MAKES ALL EMPLOYMENT DECISIONS ON THE BASIS OF AN INDIVIDUAL'S ABILITY AND JOB-RELATED QUALIFICATIONS WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER CLASSIFICATION PROSCRIBED UNDER APPLICABLE FEDERAL, STATE OR LOCAL LAW.

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

EMAIL _____

PHONE NO. _____

IF YOU ARE UNDER EIGHTEEN (18) YEARS OF AGE, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK?

YES _____ NO _____ N/A _____

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? YES _____ NO _____

(proof of citizenship or immigration status will be required)

POSITION DESIRED _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO NYHRC BEFORE? _____ WHERE? _____ WHEN? _____

HOURS AVAILABLE MONDAY-FRIDAY _____ SATURDAY-SUNDAY _____

ADDITIONAL INFORMATION

EDUCATIONAL INFORMATION

HIGH SCHOOL OR GED _____
NAME CITY STATE GPA

COLLEGE _____
NAME CITY STATE

DEGREE MAJOR GPA

COLLEGE _____
NAME CITY STATE

DEGREE MAJOR GPA

OTHER _____
NAME CITY STATE

DEGREE MAJOR GPA

JOB EXPERIENCE

1) _____
NAME OF EMPLOYER ADDRESS

POSITION SALARY START DATE END DATE REASON FOR LEAVING

2) _____
NAME OF EMPLOYER ADDRESS

POSITION SALARY START DATE END DATE REASON FOR LEAVING

3) _____
NAME OF EMPLOYER ADDRESS

POSITION SALARY START DATE END DATE REASON FOR LEAVING

4) _____
NAME OF EMPLOYER ADDRESS

POSITION SALARY START DATE END DATE REASON FOR LEAVING

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

1) _____
NAME PHONE NUMBER RELATIONSHIP YEARS AQUAINTED

2) _____
NAME PHONE NUMBER RELATIONSHIP YEARS AQUAINTED

3) _____
NAME PHONE NUMBER RELATIONSHIP YEARS AQUAINTED

DO YOU HAVE PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF ANY POSITION FOR WHICH YOU ARE BEING CONSIDERED? YES _____ NO _____
IF YES, PLEASE DESCRIBE WHAT CAN BE DONE TO ACCOMODATE YOUR LIMITATION:

CERTIFICATION

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND AND ACKNOWLEDGE THAT EMPLOYMENT WITH NEW YORK HEALTH & RACQUET CLUB IS "AT WILL," WHICH MEANS THAT I MAY RESIGN AT ANY TIME AND NEW YORK HEALTH & RACQUET CLUB MAY DISCHARGE ME AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I FURTHER UNDERSTAND THAT FALSE OR MISLEADING INFORMATION OR OMISSIONS GIVEN IN MY APPLICATION ON INTERVIEW(S) MAY BE CAUSE FOR REJECTION OF MY APPLICATION, OR, IF I AM HIRED, DISCIPLINARY ACTION, UP TO AND INCLUDING UNPAID SUSPENSION AND/OR DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF NEW YORK HEALTH & RACQUET CLUB.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I FURTHER AUTHORIZE PAST AND CURRENT EMPLOYERS, IF ANY, TO RELEASE INFORMATION RELATIVE TO MY EMPLOYMENT WITH THEM. I WAIVE ANY CLAIM I MAY HAVE, WHETHER AGAINST NEW YORK HEALTH & RACQUET CLUB OR ANY PAST OR PRESENT EMPLOYER, REGARDING THE COMMUNICATION OF SUCH INFORMATION, PROVIDED THAT THE INFORMATION SUPPLIED IS HONEST, FACTUAL AND GIVEN WITHOUT MALICE.

NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE