



## 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							
Name ( <i>Last, First, Middle</i> ):						Date:	
Current Address:							
City:			State:			Zip:	
Permanent Address:							
City:			State:			Zip:	
Email:				Phone:			
If you are under eighteen (18) years of age, can you provide proof of your eligibility to work?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you legally able to work in the United States? ( <i>Proof of citizenship or immigration required</i> )						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	May we contact your employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever applied to New York Health & Racquet Club before?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, where?				If yes, when?			
Hours Available Monday - Friday:				Hours Available Saturday - Sunday:			
Desired Position:			Desired Salary:			Date You Can Start:	
How did you hear about New York Health & Racquet Club?							
REFERENCES							
Give the names of three persons not related to you, whom you have known for at least one year.							
Name:		Phone:		Relationship:		Years Acquainted:	
Name:		Phone:		Relationship:		Years Acquainted:	
Name:		Phone:		Relationship:		Years Acquainted:	

## EDUCATION INFORMATION

High School Name (or GED):	City:	State:	GPA:
College Name:	City:	State:	GPA:
Degree:	Major:		
College Name:	City:	State:	GPA:
Degree:	Major:		
Other:	City:	State:	GPA:
Degree:	Major:		

## JOB EXPERIENCE

1. Employer:		Address:	
Position:	Reason for Leaving:	Start Date:	End Date:
2. Employer:		Address:	
Position:	Reason for Leaving:	Start Date:	End Date:
3. Employer:		Address:	
Position:	Reason for Leaving:	Start Date:	End Date:
4. Employer:		Address:	
Position:	Reason for Leaving:	Start Date:	End Date:
Do you have physical limitations that preclude you from performing the essential functions of any position for which you are considered?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes, please describe what can be done to accommodate 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 or 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:

Date:

Signature of Applicant: