



**APPLICATION FOR EMPLOYMENT**  
PLEASE PRINT AND COMPLETE FULLY

**PERSONAL**

LAST NAME		FIRST NAME		MIDDLE NAME	
PRIMARY ADDRESS			CITY AND STATE		ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM PRIMARY ADDRESS)			CITY AND STATE		ZIP CODE
SOCIAL SECURITY NUMBER	HOME PHONE		CELL NUMBER		
IN CASE OF EMERGENCY, NOTIFY:	HOME PHONE		CELL NUMBER		
ARE YOU 18 YEARS OF AGE OR OLDER?		OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED OR ATTENDED SCHOOL			
IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR YOUR LEGAL AUTHORIZATION TO WORK IN THE U.S. AT THE PRESENT TIME?					
POSITION APPLYING FOR	CURRENT SALARY	SALARY EXPECTED	DATE AVAILABLE		
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATIONS? IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED.					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
(Note: We comply with the American with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and skill and agility tests.)					

**GENERAL INFORMATION**

HAVE YOU APPLIED FOR A POSITION AT ALMADEN SWIM & RACQUET CLUB BEFORE? IF YES, GIVE DATE(S) AND POSITION(S) APPLIED FOR	HAVE YOU EVER BEEN EMPLOYED AT ALMADEN SWIM & RACQUET CLUB BEFORE? IF YES, GIVE DATE(S) AND POSITION(S)
HOW DID YOU HEAR ABOUT ALMADEN SWIM & RACQUET CLUB (E.G., WEBSITE, ADVERTISEMENT, JOB FAIR, ETC.)? IF REFERRED BY A ALMADEN SWIM & RACQUET CLUB EMPLOYEE, PLEASE LIST HIS/HER NAME	
NAMES OF RELATIVES EMPLOYED AT ALMADEN SWIM & RACQUET CLUB AND RELATIONSHIP	

## EMPLOYMENT HISTORY

**NOTE: YOUR CURRENT EMPLOYER MAY BE CONTACTED UNLESS YOU OTHERWISE SPECIFY UNDER # 1. ALMADEN SWIM & RACQUET CLUB MAY CONTACT ALL PREVIOUS EMPLOYERS.**

**PLEASE LIST LAST THREE EMPLOYERS, INCLUDING ANY MILITARY EXPERIENCE, OR GO BACK 10 YEARS. ATTACH A SEPARATE SHEET IF NECESSARY. EXPLAIN ANY GAPS IN EMPLOYMENT IN SECTION ON A SEPARATE PAGE.**

### MOST RECENT EMPLOYMENT

NAME AND LOCATION OF ORGANIZATION (STREET, CITY, STATE, ZIP)		START DATE (MO./YR.)	END DATE (MO./YR.)
TITLE	PRESENT OR ENDING BASE SALARY	STARTING BASE SALARY	DATE OF LAST SALARY INCREASE
TYPE, AMOUNT, AND FREQUENCY OF ANY OTHER COMPENSATION (E.G., BONUS, COMMISSIONS, STOCK OPTIONS, PROFIT SHARING, ETC.)			
BRIEFLY DESCRIBE YOUR PRIMARY ASSIGNMENTS AND RESPONSIBILITIES			
REASON FOR LEAVING			
MAY WE CONTACT YOUR EMPLOYER? PLEASE STATE YES OR NO.		SUPERVISOR'S NAME, TITLE, PHONE NUMBER, AND E-MAIL ADDRESS	

### PREVIOUS EMPLOYMENT

NAME AND LOCATION OF ORGANIZATION (STREET, CITY, STATE, ZIP)		START DATE (MO./YR.)	END DATE (MO./YR.)
TITLE	PRESENT OR ENDING BASE SALARY	STARTING BASE SALARY	DATE OF LAST SALARY INCREASE
TYPE, AMOUNT, AND FREQUENCY OF ANY OTHER COMPENSATION (E.G., BONUS, COMMISSIONS, STOCK OPTIONS, PROFIT SHARING, ETC.)			
BRIEFLY DESCRIBE YOUR PRIMARY ASSIGNMENTS AND RESPONSIBILITIES			
REASON FOR LEAVING			
MAY WE CONTACT YOUR EMPLOYER? PLEASE STATE YES OR NO.		SUPERVISOR'S NAME, TITLE, PHONE NUMBER, AND E-MAIL ADDRESS	

### PREVIOUS EMPLOYMENT

NAME AND LOCATION OF ORGANIZATION (STREET, CITY, STATE, ZIP)		START DATE (MO./YR.)	END DATE (MO./YR.)
TITLE	PRESENT OR ENDING BASE SALARY	STARTING BASE SALARY	DATE OF LAST SALARY INCREASE
TYPE, AMOUNT, AND FREQUENCY OF ANY OTHER COMPENSATION (E.G., BONUS, COMMISSIONS, STOCK OPTIONS, PROFIT SHARING, ETC.)			
BRIEFLY DESCRIBE YOUR PRIMARY ASSIGNMENTS AND RESPONSIBILITIES			
REASON FOR LEAVING			
MAY WE CONTACT YOUR EMPLOYER? PLEASE STATE YES OR NO.		SUPERVISOR'S NAME, TITLE, PHONE NUMBER, AND E-MAIL ADDRESS	

## EDUCATION

SCHOOL/INSTITUTION	LOCATION (CITY, STATE, COUNTRY)	DID YOU GRADUATE? YES/NO	DEGREE (S) RECEIVED AND DATE DEGREE(S) RECEIVED
COLLEGE OR UNIVERSITY			
TECHNICAL SCHOOL, TRADE, OR BUSINESS COLLEGE			

## REFERENCES

**NOTE: PLEASE DO NOT INCLUDE NAMES OF RELATIVES OR PERSONS WITH WHOM YOU LIVE. INCLUDE AT LEAST ONE REFERENCE FROM A FORMER MANAGER/SUPERVISOR.**

NAME	TITLE	PHONE NUMBER OR E-MAIL ADDRESS	
ADDRESS (INCLUDING NAME OF ORGANIZATION)		CITY AND STATE	ZIP CODE

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ADDRESS (INCLUDING NAME OF ORGANIZATION)		CITY AND STATE	ZIP CODE

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**CERTIFICATION**

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**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION.**

I hereby certify that I, the undersigned applicant, personally completed this entire application.

I certify that any and all statements made by me on this application, my resume, and/or any supplemental information provided by me, are true and correct. I further certify that I have not knowingly withheld any information that might adversely affect my chances for employment at Almaden Swim & Racquet Club. I understand that any employment at Almaden Swim & Racquet Club will be, and will remain contingent upon, the accuracy of the information and statements contained in this application, my resume, any interviews, and/or any other information provided by me. I understand that any falsification, omission, or misstatement of material fact made by me in connection with my employment at Almaden Swim & Racquet Club, whether in writing or verbally, shall be grounds for rejection of this application or for immediate discharge if I am hired by Almaden Swim & Racquet Club, regardless of the time elapsed before discovery. Almaden Swim & Racquet Club will not incur any liabilities in such an event.

I authorize Almaden Swim & Racquet Club to investigate my background, including my references, work record, education, and any other matters related to my suitability for employment, and I authorize the references that I have listed to disclose to Almaden Swim & Racquet Club any and all letters, reports, and other information related to my employment records without giving me prior notice of such disclosures. I hereby release Almaden Swim & Racquet Club, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of, or in any way related to, such investigations or disclosures.

I understand and agree that nothing contained in this application or conveyed during any interviews or during my employment if I am hired is intended to create an employment contract between Almaden Swim & Racquet Club and me. Moreover, I understand that if I am employed by Almaden Swim & Racquet Club, my employment is at will and may be terminated at any time, with or without cause or prior notice, at the option of either party. No promises or representations contrary to the foregoing are binding on Almaden Swim & Racquet Club and that this term and condition of my employment can be changed only in a written agreement entered into for that purpose and signed by the designated representative of Almaden Swim & Racquet Club and me.

Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, shift work, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

**I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT BY ALMADEN SWIM & RACQUET CLUB.**

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**Signature of Applicant**

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**Date of Application**

**ALMADEN SWIM & RACQUET CLUB IS AN EQUAL OPPORTUNITY EMPLOYER.**