



# Ascension Genesys

HEALTH CLUB

801 Health Park Blvd.  
Grand Blanc, MI 48439

Phone (810) 606-7300

Fax (810) 606-7350

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

## Application for Employment

This company is an At-Will employer as allowed by applicable state law. This means that regardless of any provision in this application. If hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice.

<b>Personal Information</b>				<u>Date</u>		
Name						
Last Name		First Name		Middle Name		
Address						
Street		City		State	Zip Code	
Home Phone Number ( )			Email Address			
You must be a minimum of 16 years of age to work in Kid's Corner. Do you meet this requirement?				yes	no	
You must be a minimum of 18 years of age to work in all other areas. Do you meet this requirement?				yes	no	
<b>Employment Desired</b>						
Position			Start Date			
Are you currently employed?		yes	no	If so, may we inquire of your present employer?		
				yes		no
Have you ever applied at Ascension Genesys Health Club before?			yes	no	If yes, when?	
Weekday hours available?		A.M.		P.M.		
Weekend hours available?		A.M.		P.M.		
<b>Education</b>						
Name and Location of School		Circle Last Year Completed		Did You Graduate?	Subjects Studied and Degree(s) Received	
High School		1 2 3 4		Yes		
				No		
College		1 2 3 4		Yes		
				No		
Post Graduate				Yes		
				No		
Subjects of Special Study or Research Work						
Other Activities						

**Former Employers**

List below the last four employers, beginning with the most recent.

Month and Year	Name and Address of Employer	Phone Number	Supervisor	Permission to Contact	Reason for Leaving
From					
To					
Duties Performed					
From					
To					
Duties Performed					
From					
To					
Duties Performed					

**References**

Give below the names of three persons not related to you, whom you have known for at least one year.

Name	Address or Phone	Business	Years Acquainted
1			
2			
3			

**Applicant Certification**

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law. If employed by the Company, I understand and agree that the Company, so the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles and computers) and, in certain circumstances, my personal property. I understand and agree that as a condition of employment and to the extent permitted by federal, state and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement. I certify that all the information on this application, my resume or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal. If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this company employs only individuals who are legally eligible to work in the United States.

**This application will considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must reapply. I certify that all of the information that I have provided on this application is true, accurate and complete.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_