



801 Health Park Blvd.  
Grand Blanc, MI 48439  
P: 810-606-7300  
F: 810-606-7350

## Application for Employment

**Personal Information:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
First Last

**Address:** \_\_\_\_\_  
Street City State Zip

**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

**Desired Position:** (Circle all that apply)

**Service Desk    Kid's Corner    Locker Room    Aquatics    Programs    Membership**  
**Group Fitness    Tennis    Trainer/Fitness    Management**

**Available start date:** \_\_\_\_\_

**Are you currently employed?** Yes No    **If so, may we contact your present employer?** Yes No

**Have you ever applied at this company before?** Yes No    **If so, when?** \_\_\_\_\_

**Do you have transportation?** Yes No

**Availability/Hours:** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Education:**

	Name	Last Year Completed	Graduate?	Major/Degree
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Post Graduate			Yes No	

**Subjects of Special Study:** \_\_\_\_\_

**Other Activities/Interests:** \_\_\_\_\_

**Previous Employment:**

Month/Year	Name	Phone	Reason for Leaving	Permission to Contact
From: To:				
From: To:				
From: To:				

**References:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Years Acquainted:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Years Acquainted:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Applicant Certification**

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.

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.

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 be considered active for a maximum of ninety (90) 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.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_