



# Employment Application

Application Date: \_\_\_\_\_

## Personal Information

Referred By: \_\_\_\_\_

Name (Last Name, First Name) _____		Social Security No. _____	
Present Address _____	Apt. No. _____	City _____	State/Zip _____
Phone Number _____		Birthdate(only if under 18 years of age) _____	

## Desired Employment

Type of Employment You are Seeking: Part-Time \_\_\_\_\_ Full-Time: \_\_\_\_\_

Department: Reception \_\_\_\_\_ Aquatics \_\_\_\_\_ Tennis \_\_\_\_\_ Childcare \_\_\_\_\_ Spa \_\_\_\_\_  
 Administrative \_\_\_\_\_ Fitness \_\_\_\_\_ Group Exercise \_\_\_\_\_ Facility Staff \_\_\_\_\_

Date Available to start work: \_\_\_\_\_ Desired Wage: \_\_\_\_\_

Are you currently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, may we inquire of your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Last Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Write in available days and hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

WSC Hours of Operation: M-F: 5 a.m. to 10 p.m.; Sat: 6:30 a.m. to 8 p.m.  
 Sun: 6:30 a.m. to 8 p.m.

## Job Qualifications

Typing (wpm) \_\_\_\_\_ CPR: \_\_\_\_\_ Cash Register: \_\_\_\_\_ Fitness Certification: \_\_\_\_\_

Please list any certifications, special skills or training that may pertain to working at WSC:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Work Experience

Start with most recent

Employer: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor : \_\_\_\_\_ Title: \_\_\_\_\_

Your Title : \_\_\_\_\_ Salary: \_\_\_\_\_

Your Duties: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor : \_\_\_\_\_ Title: \_\_\_\_\_

Your Title : \_\_\_\_\_ Salary: \_\_\_\_\_

Your Duties: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor : \_\_\_\_\_ Title: \_\_\_\_\_

Your Title : \_\_\_\_\_ Salary: \_\_\_\_\_

Your Duties: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## Professional References

( Please list previous employers only)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever pled guilty or no contest to or been convicted of a crime? Yes / No (circle one)

If YES, please provide dates and details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education

Grammar School: \_\_\_\_\_ City/State: \_\_\_\_\_

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Graduated: Yes \_\_\_ No \_\_\_

College: \_\_\_\_\_ City/State: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Graduated: Yes \_\_\_ No \_\_\_

Course of Study: \_\_\_\_\_

Business or Trade School: \_\_\_\_\_ City/State: \_\_\_\_\_

## Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the Wheaton Sport Center to investigate all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Reference Checks—For Office Use Only**

Name: \_\_\_\_\_ Company/Position: \_\_\_\_\_

Applicant's Position/Title: \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Applicant's Salary: \_\_\_\_\_ Rehire? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference Check By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company/Position: \_\_\_\_\_

Applicant's Position/Title: \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Applicant's Salary: \_\_\_\_\_ Rehire? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference Check By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company/Position: \_\_\_\_\_

Applicant's Position/Title: \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Applicant's Salary: \_\_\_\_\_ Rehire? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference Check By: \_\_\_\_\_ Date: \_\_\_\_\_