

LAC EMPLOYMENT APPLICATION

PERSONAL	YOUR NAME	DATE
	STREET ADDRESS	HOME TELEPHONE ()
	CITY, STATE, ZIP	OTHER TELEPHONE ()
	SOCIAL SECURITY NUMBER	ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO
	POSITION DESIRED	PAY EXPECTED
	WHAT LED YOU TO APPLY FOR A POSITION WITH LAC? <input type="checkbox"/> WALK-IN OR CALL-IN <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> INTERNET APPLICATION <input type="checkbox"/> EMPLOYEE REFERRAL EMPLOYEE NAME:	
	HAVE YOU EVER APPLIED FOR A POSITION WITH LAC? IF YES, WHICH DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:		

EDUCATION	SCHOOL	NAME, CITY, STATE	DID YOU GRADUATE?	DEGREE/MAJOR
	HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	GRADUATE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	BUSINESS/VOCATIONAL		<input type="checkbox"/> YES <input type="checkbox"/> NO	

CERTIFICATIONS	CERTIFICATIONS	AGENCY	TYPE	EXPIRATION DATE	REG./LICENSE #	STATE WHERE LICENSED?
	CPR					
	PERSONAL TRAINING					
	GROUP EXERCISE					
	LGI/WSI					
	OTHER					

EMPLOYMENT HISTORY

Please attach resume, references or additional pages if necessary

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED FROM TO
NAME OF SUPERVISOR	SALARY HISTORY
POSITION/DUTIES	REASON FOR LEAVING

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ADDRESS	EMPLOYED FROM TO
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Please provide all information requested to be sure that all your qualifications are fairly considered for current and/or future positions within our organization. The completion of this employment application does not guarantee an employment interview or job offer, any offer for a position at Lexington Athletic Club is for employment-at-will. It is the policy of Lexington Athletic Club to provide equal opportunity for all employees and applicants for employment, promotion, demotion, transfer, layoff, termination, rate of pay and other forms of compensation, education, and training. This application will be on file for 6 months.

I certify that the information on this application is correct, and I understand that any misrepresentation or omission of any information will result in my disqualification for consideration of employment.

Signature _____

Date _____