



Airport Health Club

Mission Statement: To provide exceptional service in an innovative and supportive environment for personal well-being

The Airport Club Employment Application
An Equal Opportunity Employer

Please Print Date

Name

Last First Middle

Cell Phone () Home Telephone ()

Email Address:

Present Address

No. Street City State Zip

Permanent Address, if different from present address:

No. Street City State Zip

Employment Desired

Position applying for:

Are you applying for:

Regular full-time work? Yes No Regular part-time work? Yes No

Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work?

If applying for temporary work, during what period of time will you be available?

From

Are you available for work on weekends? Yes No Available to work overtime?... Yes No

If hired, on what date can you start work?

Hourly Wage or Salary desired:

Personal Information

Have you ever applied to or worked for The Airport Club before? Yes No

If yes, when?

Do you have any friends or relatives working for The Airport Club? Yes No

If yes, state name(s) and relationship(s)

Why are you applying for work at The Airport Club?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?Yes___ No___

Are you able to perform the essential functions of the job for which you are applying?Yes___ No___
 If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA 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 to skill and agility tests.)

Education, Training and Experience

School	Name & Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School			Yes___ No___	
College/ University			Yes___ No___	
Vocational/ Business			Yes___ No___	
Health Care/Other			Yes___ No___	

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at The Airport Club? If so, please explain. _____

Answer the following questions if you are applying for a professional position.

Are you currently licensed/certified for the job applied for?Yes___ No___
 Name of license/certification _____ Issuing state _____
 License/certification number _____
 Has your license/certification ever been revoked or suspended? Yes___ No___

If yes, state reason(s), date of revocation or suspension and date of reinstatement. _____

Employment History

List below all present and past employment starting with your most recent employer (last 5 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____
 Address _____
 No. Street City State Zip
 Type of Business _____
 Telephone No. (_____) _____ Your Supervisor's Name _____
 Your Position and Duties _____

Date of Employment: From _____ To _____
 Reason for Leaving: _____

May we contact this employer for a reference? Yes___ No___

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes__ No__

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes__ No__

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes__ No__

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes__ No__

If so, describe: _____
