

WOW! Work Out World Employment Application

PERSONAL

Last Name First Middle	Date:
Street Address:	Home Phone:
City, State, Zip:	Business Phone:
Have you ever applied for employment with us? Yes No If Yes, Month and Year: Location:	Social Security #:
Apart from absence for religious observance, are you available for full-time work? Yes No If not, what hours can you work?	Will you work overtime if asked: Yes No
Are you legally eligible for employment in the United States?	When will you be available to begin work?
Are you a Club Member? Yes No If Yes, Member #	
Other special training or skills? (languages, machine operation, certifications, etc.)	

EMPLOYMENT

We may contact the employers listed below unless you indicate those you do not want us to contact.	
Employer:	
Reason:	
Company Name:	Telephone: ()
Street Address:	Employed - (month/year) From: To:
Name of Supervisor:	Weekly Pay: Start: Last:

State Job Title and Describe Your Work:	Reason for Leaving:
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Company Name:	Telephone: ()
Street Address:	Employed - (month/year) From: To:
Name of Supervisor:	Weekly Pay: Start: Last:
State Job Title and Describe Your Work:	Reason for Leaving:

Company Name:	Telephone: ()
Street Address:	Employed - (month/year) From: To:
Name of Supervisor:	Weekly Pay: Start: Last:

JOB POSITIONS		
Please indicate positions desired (Check all that apply).		
<input type="checkbox"/> Front Desk Manager	<input type="checkbox"/> Aerobics Director	<input type="checkbox"/> Nursery Director
<input type="checkbox"/> Front Desk Attendant	<input type="checkbox"/> Aerobics Instructor	<input type="checkbox"/> Nursery Attendant
<input type="checkbox"/> Membership Director	<input type="checkbox"/> Aquatics Director	<input type="checkbox"/> Computer Designer
<input type="checkbox"/> Program Director	<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Maintenance Director
<input type="checkbox"/> Business Clerk	<input type="checkbox"/> Swim Instructor	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Collections Personnel	<input type="checkbox"/> Tennis Pro/Instructor	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Human Resource Dir.	<input type="checkbox"/> Racquetball Pro/Instructor	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fitness Director	<input type="checkbox"/> Recreation Center Attendant	
<input type="checkbox"/> Personal Fitness Trainer	<input type="checkbox"/> Security	

EDUCATION	
Circle Last Year Completed:	High School 1 2 3 4
	College: 1 2 3 4
Describe other education or training:	

SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. If employed, any miss statement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of an employment does not create a contractual obligation upon the employer to continue or employ me in the future. My signature below further signifies that I recognize that my employment at WOW! Work Out World is at-will, and that either I or WOW! Work Out World can terminate the employment relationship at any time, with or without notice and with or without a reason.

The applicant hereby releases and authorizes WOW! Work Out World to review any documents including court records that will help access the character of the applicant.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature

Date