



MIDLOTHIAN ATHLETIC CLUB

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APPLICATION FOR EMPLOYMENT

NOTE: PLEASE COMPLETE ALL SECTIONS OF THIS FORM.

Date: _____

PERSONAL DATA

FULL NAME: _____
LAST FIRST MIDDLE (NICKNAME)

PRESENT ADDRESS _____

HOME PHONE NO. _____ CELL PHONE NO. _____

DRIVER'S LICENSE #: _____ STATE: _____ EXPIRATION DATE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

EMAIL ADDRESS _____ REFERRED BY _____

TYPE OF WORK DESIRED (Describe) _____ Part Time Full Time

DATE AVAILABLE FOR EMPLOYMENT _____ MINIMUM SALARY REQUIREMENT \$ _____

Have you made previous application to this organization? Yes No If yes, when? _____

Have you been employed here previously? Yes No

If yes, when? _____ In what position? _____

Because we care for children and desire to protect them, we ask that you please answer the following questions. We understand they are personal and we will protect your privacy.

-Have you ever been known by another name? Yes No

If yes, please explain. _____

-During your lifetime, have you ever been arrested for molesting or abusing a child, accused of physical assault or a sexual offense of any nature? Yes No

If yes, please explain. _____

-Have you ever been prosecuted for child abuse or molestation? Yes No

If yes, please explain. _____

-Have you been convicted of any crime, other than traffic violations but including DUI, in the last 5 years? Yes No

If yes, please explain: _____

-Are you willing to be photographed for the confidential personnel record? Yes No

-Are you willing to wear a photo identification nametag whenever you are supervising children? Yes No

EDUCATION

	Name & Location of School	Number of Years Completed	Major	Degree
High School				
Univ./College				
Univ./College				
Military, Business Trade, Other				

EMPLOYMENT HISTORY

Your present or most recent employer:

Starting Salary \$ _____	Address: _____	City & State: _____
from Mo. _____ Mo. _____	Supervisor: _____	Phone No: _____
to Mo. _____ Mo. _____	Title of position held and duties performed: _____	
Ending Salary \$ _____		

What were your reasons for leaving? _____

Previous employer:

Starting Salary \$ _____	Address: _____	City & State: _____
from Mo. _____ Mo. _____	Supervisor: _____	Phone No: _____
to Mo. _____ Mo. _____	Title of position held and duties performed: _____	
Ending Salary \$ _____		

What were your reasons for leaving? _____

List any other jobs not covered above.

Name of Company	Position	Employment Dates	Ending Date	Reasons for Leaving

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

REFERENCES

Give name, address and telephone number of three references

(1) _____

(2) _____

(3) _____

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING BELOW

The facts set forth in this application for employment are true and complete. I understand that if employed, false statements, omissions or misleading statements on this application shall be considered sufficient cause for dismissal and I agree that my prospective employer shall not be held liable in any respect if my employment is terminated because of such omissions or false or misleading statements. My prospective employer is hereby authorized to investigate my employment history, including the contacting of the employers listed on the previous page. I hereby release my former employers from all liability on account of furnishing information regarding my work record to my respective employer. (If there is a particular employer you do not wish us to contact, please indicate which one and why.) I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice. I further understand and agree to abide by all company procedures and safety rules, including submitting to substance abuse testing, if requested, as a condition of continued employment.

Signature _____ Date _____