

# GENESYS ATHLETIC CLUB

801 Health Park Blvd.  
Grand Blanc, MI 48439  
Phone (810) 606-7300  
Fax (810) 606-7350

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin.

## Application for Employment

<b>Personal Information</b>				Date _____	
Name					
		Last Name	First Name	Middle Name	
Address					
		Street	City	State	Zip Code
Home Phone Number ( )		Alternate Phone Number ( )			
You must be a minimum of 16 years of age to work in Kid's Corner. Do you meet this requirement?				yes	no
You must be a minimum of 18 years of age to work in all other areas. Do you meet this requirement?				yes	no
<b>Employment Desired</b>					
Position		Start Date		Salary	
Are you currently employed?		yes	no	If so, may we inquire of your present employer?	
		yes	no	yes	no
Have you ever applied at the Genesys Athletic Club before?		yes	no	If yes, when?	
Weekday hours available?		A.M.	P.M.		
Weekend hours available?		A.M.	P.M.		
Have you ever been convicted of or plead guilty, nolo contendere, or no contest to any offense, whether a felony, misdemeanor or violation, other than a minor traffic violation (DUI, DUAI, or DWI convictions are not minor and must be reported)? (Do not include sealed convictions or convictions classified as youthful offender)				yes	no
Are there any criminal charges currently pending against you?				yes	no
If you answered yes to either of the above questions, explain.					
<b>Education</b>					
	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received	
High School		1 2 3 4	Yes		
			No		
College		1 2 3 4	Yes		
			No		
Trade, Business or Correspondence School		1 2 3 4	Yes		
			No		
Subjects of Special Study or Research Work					
Activities other than religious					
<small>Civic, Athletic, Etc. : Exclude organizations, the name or characters of which indicates the race, age, sex, color or national origin of its members.</small>					

### Former Employers

List below the last four employers, beginning with the most recent.

Month and Year	Name and Address of Employer	Phone Number	Salary	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

### References

Give below the names of three persons not related to you, whom you have known for at least one year.

Name	Address or Phone	Business	Years Acquainted
1			
2			
3			

### Physical Record

Do you have any physical conditions which may limit your ability to perform the job applied for? (This question is voluntary and any answers will be kept confidential)

In case of an emergency, please notify:

Name ( ) Phone number Relationship

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated any time without any previous notice.

Date Signature

**DO NOT WRITE BELOW THIS LINE**

Interviewed By Date

Remarks

Appearance Ability

Second Interview yes no Date Position

Hired yes no Date Salary

Department Manager General Manager