

Employment Application
Los Gatos Swim and Racquet Club
An Equal Opportunity Employer

Office Use

Date: _____
Time: _____
Initials: _____

Date

Last Name

First Name

Middle Initial

Mobile Phone Number

E-Mail Address

PRESENT ADDRESS

Address

City

State

Zip

PERMANENT ADDRESS

Address

City

State

Zip

POSITION(S) APPLYING FOR

- | | | | | |
|---|--|---|--|--------------------------------------|
| <input type="checkbox"/> Front Desk | <input type="checkbox"/> Fitness Assistant | <input type="checkbox"/> Pro Shop | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Group Ex |
| <input type="checkbox"/> Kids' Club | <input type="checkbox"/> Personal Trainer | <input type="checkbox"/> Tennis Pro | <input type="checkbox"/> Snack Bar | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Camp Counselor | <input type="checkbox"/> CrossFit Coach | <input type="checkbox"/> Tennis Assistant | <input type="checkbox"/> Lifeguard/Swim Instructor | |

AVAILABILITY

Sunday _____ Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Are you applying for Full-time work? Part-time work? Temporary work?

If applying for temporary work, during what dates will you be available? _____ to _____

Would you be available to work overtime, if necessary? Yes No

If hired, what date can you start work? _____

OTHER

Have you ever applied to or worked for LGSRC before? No Yes (When?: _____)

Are you a Member or have friends/family that are Members or Employees of LGSRC?

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

Why are you applying at LGSRC? _____

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

Are you at least 18 years old? (If under 18, you are subject to verification that you are of minimum legal age to work.) Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? 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

School	Name and Address	No. of Years Completed	Graduate?	Degree/Diploma?
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			

Address				
_____		_____		
City		State	Zip	
College	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			

Address				
_____		_____		
City		State	Zip	
Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			

Address				
_____		_____		
City		State	Zip	

IF APPLYING FOR A PROFESSIONAL POSITION:

Are you licensed/certified for the job you are applying for? Yes No

Name of license/certification: _____ Issuing state: _____ License/cert. # _____

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: _____

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EMPLOYMENT HISTORY (MOST RECENT FIRST)

Name of Employer

Address

City

State Zip

Name of Supervisor

Title of Supervisor

(____)_____
Supervisor Phone

From:_____
To:_____
Dates of Employment

May we contact this employer for a reference? Yes No

Your Position

Your Responsibilities and Duties

Are you currently in this position? Yes No If no, reason for leaving: _____

Name of Employer

Address

City

State Zip

Name of Supervisor

Title of Supervisor

(____)_____
Supervisor Phone

From:_____
To:_____
Dates of Employment

May we contact this employer for a reference? Yes No

Your Position

Your Responsibilities and Duties

Are you currently in this position? Yes No If no, reason for leaving: _____

Name of Employer

Address

City

State Zip

Name of Supervisor

Title of Supervisor

(____)_____
Supervisor Phone

From:_____
To:_____
Dates of Employment

May we contact this employer for a reference? Yes No

Your Position

Your Responsibilities and Duties

Are you currently in this position? Yes No If no, reason for leaving: _____

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REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last 3 years.

Name of Reference	Address	City	State	Zip
()	Occupation of Reference			
Phone Number of Reference	Type of Reference: <input type="checkbox"/> Work Reference <input type="checkbox"/> Personal Reference			
# of Years Acquainted				

Name of Reference	Address	City	State	Zip
()	Occupation of Reference			
Phone Number of Reference	Type of Reference: <input type="checkbox"/> Work Reference <input type="checkbox"/> Personal Reference			
# of Years Acquainted				

Name of Reference	Address	City	State	Zip
()	Occupation of Reference			
Phone Number of Reference	Type of Reference: <input type="checkbox"/> Work Reference <input type="checkbox"/> Personal Reference			
# of Years Acquainted				

_____ Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or for any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ Initials

I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding of the company unless made in writing and signed by me and the company's designated representative.

_____ Applicant's Signature _____ Date

Revised 1/2018 KJ