Application For Employment



1010 N. Bird St. Sun Prairie WI 53590 www.prairieathletic.com

M/D/YY

Are you legally eligible to work in the United States?

Date of Application:

Prairie Athletic Club is an equal opportunity employer and affords equal opportunity to applicants for all positions without regard to race, color, religion, gender, national origin, disability, veteran status or any other status protected under local, state or federal law.

Instructions: Please read carefully. Every item on this application must be answered to the best of your ability. Please print and use a pen. Should you become employed, this application will become part of your permanent record with Prairie Athletic Club. You may request assistance in completing this form at any point during the application/interview process. This application will remain active for 90 days.

Applicant Information: Last Name	First Name		Mid. Initial Preferred Phone		Alternate Phone		
Street Address		City		State	Zip		
Where or from whom did you h	ear of employment opportuniti	es with PA	AC?	Email Address			
Department(s)/Position(s	s) Desired:						
Front Desk			Lifeguard				
Group Exercise *				Swimming Instructor *			
Personal Training/Fitness	*			ater Therapy			
aintenance		Soccer F	Soccer Referee				
Child Care			Soccer Instructor				
Youth Recreation Instructo	or		Basketba	all Referee			
estaurant/Sports Bar		Aqua Fitness					
Other			Other				
* Certifications are required for On what date are you av How many hours per we	ailable to begin work?						
Wage/Salary Requireme	nt:						
What type of employmer	nt are you seeking? (ch	neck on	e): Part T	ime Full Time	Season		
Are you at least 18 years	of age? Yes N	lo					
lf applying for a position Do you already have, or					Yes No Yes No		

Yes

No

Have you ever ap	plied for em	ployment at PAC?	If so,	when?			
lave you ever be Position Held:	en employe	d by PAC in the past?	If y	yes, whe	en? From	To_	
f ves. date:	Nature	l of a criminal offense?					
Án affirmative an	swer does not	necessarily disqualify you	ı from emplo	yment.)			
		I functions of this position that the functions of the job, a		No viewer be	fore answering this	ques	tion.)
		ositions requiring operationse? vers license?			se #		
o you have a co	ommercial dri	vers license?	res No	Licen	se #		
Availability Please list the ho	ours you are a	available to work.					
		AM			PM		
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Education/Traini	ng	1		'			
	Naı	ne and Location of School		Course study	Number of Yea Completed (Do not give dates ple		Diploma/ Degree Received
Elementary					(= c net give asses pro		
High School							
College							
Graduate							
Vocational							
Describe any cer position(s) for wl		pecialized training, appre applying.	enticeships,	licenses	s or skills applicat	ole to	the

Employment History

Please list your four most recent employers, starting with the most recent or present employer. Previous salaries/wages will not be the exclusive factor used to determine compensation at Prairie Athletic Club. Account for all periods including unemployment.

Company Name	Job Title		Employment Dates From To / /	Salary Start \$	End \$	
Supervisor Name	Company Address		Phone			
Job Duties:						
Reason For Leaving		May we contact this employer? (choose one) Yes No If no, why?				
Company Name	Job Title		Employment Dates From To / /	Salary Start \$	End \$	
Supervisor Name	Company Address		Phone			
Job Duties:	-1					
Reason For Leaving		May we contact this employer? (choose one) Yes No If no, why?				
Company Name	Job Title		Employment Dates From To / /	Salary Start \$	End \$	
Supervisor Name	Company Address		Phone			
Job Duties:						
Reason For Leaving		May we contact this employer? (choose one) Yes No If no, why?				
Company Name	Job Title		Employment Dates From To	Salary Start \$	End \$	
Supervisor Name	Company Address		Phone			
Job Duties:						
Reason For Leaving		May we contact this employer? (choose one) Yes No If no, why?				

_	nic nonors, scholarships or n, age, disabilities or veterar		my macronoucrongion,
Please describe briefl PAC.	y why you are applying to w	ork at PAC, and describe	the skills you plan to use at
References	mas and contact information	a of three professional ref	ioronoo
Please provide the na	mes and contact information	i or three professional ref	
Name	Telephone	Address	Relationship/Occupation
Name	Telephone	Address	Relationship/Occupation
Name	Telephone	Address	Relationship/Occupation
Applicant's Statemen	<u>t</u>		
employment with Prairie found to be false, incom		ect. I understand that any i y way will be sufficient caus	nformation provided by me that is se to cancel further consideration
an offer of employment free to resign at any tim reserves the same right I understand that no rep contrary and that no im	be extended by Prairie Athletice with or without cause and w	c Club, my employment will ithout prior notice. I underst at any time, with or without Club has the authority to muts to the contrary are valid to	and that Prairie Athletic Club cause and without prior notice. ake any assurances to the
references, courts, scho employment, education by me in this application	tic Club, its agents, employees ools and any other individual w , skills, work habits or experier n, resume or job interview, and wed from any and all liability fo	tho may have information pace in order to verify the acc to provide any other reque	ertaining to my previous curacy of information provided ested information about me. I
			n of that time, if I have not heard ssary to re-apply and submit a
By signing below I ackr	nowledge that I have read, und	lerstood and agree to the al	bove statements.
Signature		Date	
Name of porcen comple	eting this form if other than app	. U. a. r. 4	



APPLICANT CONSENT FORM FOR CRIMINAL BACKGROUND CHECK

Prairie Athletic Club conducts criminal background checks on all new employees over the age of 18. Applicants are required to provide information about any conviction records or pending charges. Information provided will remain confidential.

Last Name	First Name		MI	Former/Maiden Name		
Street Address	City, State, Zip Code		Date of Birth	Social Security #		
Da bassa australiasia al abanco		O v	- O N-			
Do you have any criminal charge	es pending against yo	ou? O Ye	s O No			
Have you been convicted of any	crimes in federal, sta	ate, local, n	nilitary or tribal o	courts? O Yes O No		
If you answered "YES" to any of	the above avections	nloggo inc	licato:			
ii you alisweled TES to ally of	the above questions	, piease iric	iicale.			
The nature of the offense:						
Date of offense:		Date of co	onviction:			
Name and location of court:						
Please provide details of the inci	ident and the outcom	o (contono	o fino probatio	n suspension etc.)		
Flease provide details of the inci	ident and the outcom	e (Sentenc	e, fille, probation	n, suspension, etc.)		
The section of the effects						
The nature of the offense:						
Date of offense:		Date of co	onviction:			
Bate of conviction.						
Name and location of court:						
Please provide details of the incident and the outcome (sentence, fine, probation, suspension, etc.)						
I state that all of the above information is true and complete to the best of my knowledge and I						
understand that any falsification or omission of information will disqualify me for this position.						
By signing this form, I authorize		lub to con	duct a crimina	I background check and		
verify the information provided	d above.					
Applicant Signature			Doto			
Applicant Signature			Date			