Application For Employment

Equal Opportunity Employer

Thank you for your interest in working at Health Unlimited Family Fitness and Aquatic center. Health Unlimited is an equal opportunity employer. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such laws.

PLEASE PRINT

Position(s) applied for_____ Date of Application _____/_____/_____

Name _____
Last First Middle

Address_____
Street City State Zip Code

Phone_____ Mobile/Other Phone_____ Social Security Number_____-_____-_____

Availability

Are you legally eligible for employment in the United States? (Please Circle) YES NO

First date you are available to work ____/_____/_____ Total Hours Available Per Week: _____

Hours Available (Please Specify AM or PM):

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Have you been convicted of a crime in the last 7 years? (Please Circle) YES NO

If yes, please explain_____

Work Experience *List present and former employers beginning with the most recent.*

From	To	Employer	Phone
Job Title		Address	
Supervisors Name		Summarize the nature of the work you performed and job responsibilities	
Title			
Reason For Leaving:		Final Pay Rate -	Per (Circle One) HOUR WEEK MONTH YEAR

From	To	Employer	Phone
Job Title		Address	
Supervisors Name		Summarize the nature of the work you performed and job responsibilities	
Title			
Reason For Leaving:		Final Pay Rate -	Per (Circle One) HOUR WEEK MONTH YEAR

From	To	Employer	Phone
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Reason For Leaving:		Final Pay Rate -	Per (Circle One) HOUR WEEK MONTH YEAR

103 Century Drive, Mt. Airy, Maryland 21771 301/829-9730 410/795-0793 fax 301/829-4236
www.myhealhtunlimited.com

Skills and Qualifications

Summarize any training, skills, licenses, and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying.

_____

_____

_____

_____

Education

Name and Location	Years Completed	Did You Graduate?	Course of Study
High School			
College			
Other			

Personal References – (Not Former Employers or Relatives)

Name	Phone	Years Known

Previous Residence _____
(within last 7 yrs) Street City State Zip

To be completed by all applicants – Please read carefully before signing

I certify that the information contained in this application, and in any resume provided by me or any party representing my interests, is correct and complete to the best of my knowledge. I understand that false statements, misrepresentations, or omissions made by me on this application or any supplement thereto, will be sufficient grounds for rejection of this application or discharge after employment.

I give the employer the right to obtain pertinent information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves that same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is Health Unlimited's policy not to refuse to hire a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Your signature acknowledges you have read and agree to the material above.

Applicant's Signature_____ Date_____/_____/_____

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