

Applicant: _____



Hockessin Athletic Club IS AN EQUAL OPPORTUNITY EMPLOYER. Applicants are considered for employment without regard to race, color, national origin, ancestry, religion, sex, pregnancy (including childbirth or related condition), physical or mental impairment, medical conditions associated with arrested cancer, marital status, or age and all other protected classes in any term, condition or privilege of employment to the extent required by law. To help us comply with government record keeping, reporting and other legal requirements, please complete this applicant information survey. We appreciate your cooperation and completion of this form is strictly voluntary on your part. This data is for periodic government reporting and will be kept in a Confidential File separate from the employment application. Note: all terms and definitions are in strict accordance with EEOC government reporting.

Date _____ Position Applied for _____

Name _____

Please check here if you do not wish to fill out this form.

Referral Source

- Newspaper _____ Other Publication _____ Walk-In Job Line
- Job Fair _____ School _____ State Agency _____
- Minority Agency _____ Employment/Search Agency _____
- Friend _____ HAC Associate _____ Other _____

Cultural & Demographic Data

Male Female National Origin, Country of Origin, or Ancestry: _____

Check one of the following:

- CAUCASIAN/WHITE (Not of Hispanic Origin) – All persons having origins in any of the original people of Europe, North Africa or the Middle East.
- BLACK or AFRICAN AMERICAN (Not of Hispanic Origin) – All persons having origins in any of the black racial groups in Africa.
- ASIAN (not Hispanic or Latino) – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- AMERICAN INDIAN OR ALASKAN NATIVE (Not of Hispanic Origin) – All persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community recognition.
- HISPANIC or LATINO – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- MULTI-RACIAL - All persons who have origins from two or more of the above groups.

Applicant: _____



Application for Employment

Hockessin Athletic Club is an equal opportunity employer. We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.)

Date Applied _____ Position Applied for _____

Personal Information

PLEASE PRINT

Full Name: _____ Social Security Number: _____

First Middle Last

Address: _____

Street

City

State

Zip

Primary Phone: _____ Secondary Phone: _____

This is the phone number we will use to contact you for an interview.

Do you have any relatives employed with Hockessin Athletic Club? Yes No

Have you ever worked for Hockessin Athletic Club? Yes No

If yes, approximate dates _____

Have you previously applied with Hockessin Athletic Club? Yes No

How were you referred? _____

Schedule Availability

I am available and desire to work FULL TIME I am available and desire to work PART TIME

PLEASE INDICATE YOUR AVAILABILITY BELOW

Table with 8 columns (Day) and 2 rows (From, To) for availability scheduling.

NOTE: Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if offered a job with the company? Yes No

If yes, please explain _____

Date Available to Start _____

Applicant: _____



Employment History

Begin with your most recent employment and continue with all past employment. Please Print.

Company _____ Job Title _____
Dates of Employment: _____ to _____ Reason for Leaving _____
Address _____
Street City State Zip
Supervisor's Name _____ Best Phone to Reach Supervisor _____
First Last

Company _____ Job Title _____
Dates of Employment: _____ to _____ Reason for Leaving _____
Address _____
Street City State Zip
Supervisor's Name _____ Best Phone to Reach Supervisor _____
First Last

Company _____ Job Title _____
Dates of Employment: _____ to _____ Reason for Leaving _____
Address _____
Street City State Zip
Supervisor's Name _____ Best Phone to Reach Supervisor _____
First Last

Company _____ Job Title _____
Dates of Employment: _____ to _____ Reason for Leaving _____
Address _____
Street City State Zip
Supervisor's Name _____ Best Phone to Reach Supervisor _____
First Last

Additional Experience or Qualifications

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

Applicant: _____



General Information

Are you 18 years of age or older? Yes No

(If not, you may be required to provide authorization.)

Are you legally eligible for employment in the United States? Yes No

(Proof of eligibility will be required upon hire.)

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes No

If yes, please explain _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

Education

High School _____ Major, Degree, or Area of Focus _____

Dates Attended _____ to _____ Graduated? Yes No

Address _____
Street City State Zip

College _____ Major, Degree, or Area of Focus _____

Dates Attended _____ to _____ Graduated? Yes No

Address _____
Street City State Zip

Graduate School _____ Major, Degree, or Area of Focus _____

Dates Attended _____ to _____ Graduated? Yes No

Address _____
Street City State Zip

Business, Trade, or Other School _____ Major, Degree, or Area of Focus _____

Dates Attended _____ to _____ Graduated? Yes No

Address _____
Street City State Zip

Applicant: _____



Notification and Agreement

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Owner or General Manager, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature _____ Date _____

Interviewed by _____