



# 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 \_\_\_\_\_ Email \_\_\_\_\_

<u>Availability</u>	
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: _____
<b>Hours Available</b> (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.*

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

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_



# Acknowledgment and Authorization

## For Consumer Reports

In connection with your application for employment with RDM Group, Inc. t/a Health Unlimited, you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State or Local agencies.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports for RDM Group, Inc. t/a Health Unlimited and any other company with which they contract for your services. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned reports at any time during your continued employment or contract for services. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

**For California, Minnesota, or Oklahoma applicants only**, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

**For California applicants only**, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

DL# \_\_\_\_\_ State: \_\_\_\_\_

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