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 Ap	plication	_//
Name					
	Last	First		ľ	Middle
Address					
	Street	City	S	tate	Zip Code
Phone	Mobile/Other Phone		<u>Social Security</u>	y Number	
Are you lega	ally eligible for employment in the	Availability United States? (Pl	ease Circle) Y	(ES N	10
First date yo	u are available to work//	_/	Total Hours Ava	ailable Per Wee	k:
	Tuesday:	,	dnesday:	_ Thursda	ay:
]	Friday:	Saturday:	Sun	day:	
Have you been	convicted of a crime in the last 7	years? (Please Circ	cle) YE	S NO	

If yes, please explain_

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

From	То	Employer		Phone						
From	10	Employer		Prione						
Job Title	·	Address								
Supervisors Name		Summarize the nature of	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	То	Employer		Phone						
Job Title	1	Address		1						
Supervisors N	lame	Summarize the nature of	the work you performed and job rea	sponsibilities						
Title										
Reason For Leaving:			Final Pay Rate -	Per (Circle One)	HOUR	WEEK	MONTH	YEAR		
From	То	Employer		Phone						
Job Title	1	Address		1						
Supervisors N	lame	Summarize the nature of	the work you performed and job rea	sponsibilities						
Title										
Reason For Leaving:		1	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			

<u>Personal References</u> – (Not Former Employers or Relatives)

Na	ime	Phone	;	Years Known	ו
i					
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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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.

Date: Social Security #:				
Date of Birth:				
Maiden Name (if applica	able)			
Current Address:				
	City	State	Zip	
DL#		State:		

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