

Application For Employment



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

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.

Date of Application: _____
M/D/YY

Applicant Information:

Last Name	First Name	Mid. Initial	Home Telephone	Cell Phone Number
Street Address		City	State	Zip
Where or from whom did you hear of employment opportunities with PAC?			Email Address	

Department(s)/Position(s) Desired:

Front Desk	
Group Exercise *	
Personal Training/Fitness *	
Maintenance	
Child Care	
Youth Recreation Instructor	
Restaurant/Sports Bar	
Other	

Lifeguard *	
Swimming Instructor *	
Warm Water Therapy	
Soccer Referee	
Soccer Instructor	
Basketball Referee	
Aqua Fitness	
Other	

* Certifications are required for these positions

On what date are you available to begin work? _____

How many hours per week are you available to work? _____

Wage/Salary Requirement: _____

What type of employment are you seeking? (check one): Part Time Full Time Temporary

Are you at least 18 years of age? Yes No

If applying for a position in our restaurant/bar, are you at least 21 years of age? Yes No

Do you already have, or would you be willing to obtain a Sun Prairie liquor license? Yes No

Are you legally eligible to work in the United States? Yes No

Have you ever applied for employment at PAC? _____ If so, when? _____
 Have you ever been employed by PAC in the past? _____ If yes, when? From _____ To _____
 Position Held: _____

Have you ever been convicted of a criminal offense? Yes No
 If yes, date: _____ Nature: _____
 (An affirmative answer does not necessarily disqualify you from employment.)

Can you perform the essential functions of this position? Yes No
 (If you have any questions about the functions of the job, ask the interviewer before answering this question.)

Answer these questions for positions requiring operation of a vehicle.
 Do you have a valid drivers license? Yes No License # _____
 Do you have a commercial drivers license? Yes No License # _____

Availability
 Please list the hours you are available to work.

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Education/Training

	Name and Location of School	Major Course of Study	Number of Years Completed (Do not give dates please)	Diploma/Degree Received
Elementary				
High School				
College				
Graduate				
Vocational				

Describe any certifications, specialized training, apprenticeships, licenses or skills applicable to the position(s) for which you are applying.

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:			
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	
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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?	

Please list any academic honors, scholarships or offices held. Do not list any that reflect religion, gender, national origin, age, disabilities or veteran status.

Please describe briefly why you are applying to work at PAC, and describe the skills you plan to use at PAC.

References

Please provide the names and contact information of three professional references.

Name	Telephone	Address	Relationship/Occupation

Applicant's Statement

I certify that all information provided on this application and all other documents I have provided to secure employment with Prairie Athletic Club is true and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any way will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the service of Prairie Athletic Club, whenever it is discovered.

I understand that submission of this application does not guarantee employment. I further understand that should an offer of employment be extended by Prairie Athletic Club, my employment will be at will, meaning that I am free to resign at any time with or without cause and without prior notice. I understand that Prairie Athletic Club reserves the same right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Prairie Athletic Club has the authority to make any assurances to the contrary and that no implied, oral or written agreements to the contrary are valid unless they are in writing and signed by the Owner or Human Resources representative.

I authorize Prairie Athletic Club, its agents, employees or representatives to contact my former employers, references, courts, schools and any other individual who may have information pertaining to my previous employment, education, skills, work habits or experience in order to verify the accuracy of information provided by me in this application, resume or job interview, and to provide any other requested information about me. I release all parties involved from any and all liability for providing or requesting such information.

I understand that this application will remain active for 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to re-apply and submit a new application.

By signing below I acknowledge that I have read, understood and agree to the above statements.

Signature

Date

Name of person completing this form if other than applicant