



APPLICATION FOR EMPLOYMENT (Must be 18 or older)

The Oxford Athletic Club is an equal opportunity employer. All qualified applicants will receive consideration for employment and will not be discriminated against on the basis of disability or their protected Veteran status.

PERSONAL

First Name	Middle	Last	Date
Street Address			Phone
City, State, Zip Code			
Position You Are Applying For			
Have you ever applied for employment with The Oxford Athletic Club? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you referred to The Oxford Athletic Club or it's affiliate companies? If so by whom? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ If yes, Dates _____ Location & Supervisor _____			
Are you applying for <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When will you be available to begin working?			

EDUCATION

School	Name of School	Years Completed	Degree
Graduate		1 2 3 4	
College		1 2 3 4	
Business/ Trade School		1 2 3 4	
High School		1 2 3 4	

Certifications or Professional organization memberships:

1. _____ 2. _____ 3. _____

EMPLOYMENT

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employers.

1	Company Name	Telephone
	Address	Employed (MM/YYYY) From To
	Name of Supervisor	Pay Start Last
	Job Title & Description of work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (MM/YYYY) From To
	Name of Supervisor	Pay Start Last
	Job Title & Description of work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (MM/YYYY) From To
	Name of Supervisor	Pay Start Last
	Job Title & Description of work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (MM/YYYY) From To
	Name of Supervisor	Pay Start Last
	Job Title & Description of work	Reason for Leaving

5	Company Name	Telephone
	Address	Employed (MM/YYYY) From To
	Name of Supervisor	Pay Start Last
	Job Title & Description of work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do Not Contact Employer #: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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State whether you have ever been involuntarily terminated or suspended from any previous employment and describe the circumstances.

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", which Branch?

Describe any training received relevant to the position for which you are applying.

What was your previous address?

How long at present address? _____ Years

How long at previous address? _____ Years

Have you been convicted of or pled guilty to any crime, misdemeanor or summary offense in the past ten years? Yes No

If "yes", describe in full.

*Factors such as age and time of the offense, seriousness, nature of the violation, and rehabilitation will be taken into account.

State names of relatives and friends working for us:

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

By signing this Application for Employment, I certify that all information I have provided in the Application is true, correct, and to the best of my knowledge.

By signing this Application, I hereby authorize the former and current employers listed on this Application to provide to The Oxford Athletic Club any and all information concerning my performance as an employee, including the circumstances of my departure. I agree that neither The Oxford Athletic Club nor the providers of information will be violating my right to privacy in any manner. I release The Oxford Athletic Club and my current and prior employers from any and all liability arising out of such release of information, regardless of the content of such information.

By signing this Application, I UNDERSTAND AND AGREE THAT, IF I AM EMPLOYED, I SHALL BE EMPLOYED ON AN AT-WILL BASIS. I understand that "at-will basis" means that I will have the right to terminate the employment relationship, if any, at any time and for any reason, with or without cause, and that The Oxford Athletic Club will have the same right to terminate the employment relationship, if any, at any time and for any reason, with or without cause. I understand that no one other than the General Manager of The Oxford Athletic Club may enter into any agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the General Manager.

By signing below, I verify that I have read the above Conditions. I understand them and agree to them.

Date

Signature

We are required to withhold municipality tax for employees resigning and working in Pine Township.

Do you reside in Pine Township?

Yes No