

Application for Employment

pre-employment questionnaire - an equal opportunity employer

LIBERTY
ATHLETIC CLUB

2975 West Liberty Road Ann Arbor, MI 48103
734.665.3738 www.libertyathletic.net

Personal Information

* REQUIRED item

*Date _____

*Name _____
Last First Middle

*Current Address _____
Street City State Zip

*Permanent Address _____
Street City State Zip

Email Address _____

*Cell Phone: _____ Home Phone: _____

*Are you 18 years or older? Yes No

*Are you 16 years or older? Yes No

*Are you prevented from lawfully becoming employed
in this country because of visa or immigration status? No Yes _____

Employment Desired

Position _____ Date you can start _____ Salary desired _____

Are you currently employed? Yes No If yes, may we inquire with your current employer? Yes No

Have you ever applied to Liberty Athletic Club? Yes No

If yes, When? _____ For what position? _____

Referred by _____

Education

	Name and Location of School	*Number of years attended	*Did you graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

General

Subjects of special study or research work _____

Current Certifications _____

Special Skills _____

Activities (civic, athletic, etc)
exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of its members.

Military

U.S. Military or Naval service _____ Rank _____ Present membership in National Guard or Reserves _____

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

(Application continued on other side)

Former Employers List below last three employers, starting with the most recent one first.

Dates of employment: Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				

Which of these jobs did you like best? _____

What did you like most about this job? _____

References

Give the names of three persons (total) who are NOT related to you, whom you have known for at least one year.

Professional References	Name	Phone Number	How do you know them?	Years Acquainted
1				
2				
3				

PERSONAL References	Name	Phone Number	How do you know them?	Years Acquainted
1				
2				
3				

Read and Sign Below

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Applicant agrees that any claim or lawsuit arising out of their application for employment and/or future employment with Company must be filed no later than six (6) months after the date of the employment action that is the subject of their claim or lawsuit. Although the statute of limitations for claims arising out of an employment action may be longer than this period, Applicant agrees to be bound by the 6-month period of limitations set forth herein, and APPLICANT WAIVES ANY STATUE OF LIMITATIONS TO THE CONTRARY.

Applicant's Signature

Date