

Cascade Athletic Clubs EMPLOYMENT APPLICATION

Date: _____

For: CAC Gresham CAC 205 CAC East Gresham CACFL Any

NOTE: *First Aid Child/CPR/AED certification required for all CAC employees within 2 wks of hire date
***Food Handlers certification required for CAC Gresham Desk, Cafe & all Waterpark employees within 2 wks of hire date**
***OLCC certification required for CAC Gresham Café & waterpark employees within 2 wks of hire**

| | | | |
|--|-----------------------------------|----------------------------------|--------------------------------------|
| POSITION APPLIED FOR: | | Your email address: | |
| How did you learn about us? | | | |
| <input type="checkbox"/> advertisement | <input type="checkbox"/> relative | <input type="checkbox"/> inquiry | <input type="checkbox"/> self |
| <input type="checkbox"/> friend | <input type="checkbox"/> CAC | <input type="checkbox"/> staff | <input type="checkbox"/> other _____ |
| Last Name | First Name | Middle | Preferred Name: |
| Address | City | State | Zip |
| Daytime phone # | Evening phone # | Cell phone # | |

Best time to be contacted: _____ am _____ pm _____

Have you ever filed an application with us? If yes, give date _____

Do any of your friends, relatives work here? _____

If yes, give name, relationship and location _____

Emergency Contact: Name _____ Phone _____ Relationship _____

Are you currently employed? If yes, where? _____

May we contact your present employer? _____

Date available to work ___/___/___ Desired salary range _____

Are you available to work:

Part time (indicate: morning/ afternoon/ evenings/ weekends/ any)

Full time

Temporary (Please indicate date available: From (___/___/___ To ___/___/___)

EDUCATION

| School | Name & Location of School | Course of Study | # of years Completed | Degrees or Certificates earned |
|--|---------------------------|-----------------|----------------------|--------------------------------|
| High School | | | | |
| College | | | | |
| Trade, Business or Correspondence School | | | | |

PERSONAL/PROFESSIONAL REFERENCES (Do not include relatives)

| 1. | Name | Phone # | Best time to call | Occupation |
|----|------|---------|-------------------|------------|
| 2. | | | | |
| 3. | | | | |

WORK EXPERIENCE

List below last 3 employers, starting with most recent one first

| Date Month & Year | Name, Address, Phone of Employer | Salary | Position | Reason for Leaving |
|----------------------|-------------------------------------|--------|----------|--------------------|
| From To | | | | |
| From To | | | | |
| From To | | | | |

Comments: Include explanation of any gaps in employment

Describe any special job-related skills and qualifications acquired

SKILLS: Please check your skills or experiences

- | | |
|---|--|
| <input type="checkbox"/> Multi-line phone | <input type="checkbox"/> 10 key |
| <input type="checkbox"/> All-call paging system | <input type="checkbox"/> Typing (wpm___) |
| <input type="checkbox"/> Computers/Windows System | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Food Handler's Card | <input type="checkbox"/> Sales |
| <input type="checkbox"/> First Aid Card (exp___) | <input type="checkbox"/> Personal Training Certification (type_____) |
| <input type="checkbox"/> CPR (exp___) | <input type="checkbox"/> Group Fitness Certification (type_____) |
| <input type="checkbox"/> Other: | |

SPECIAL AWARDS OR CERTIFICATES:

HOBBIES AND INTERESTS:

ADDITIONAL COMMENTS: State any info that may be helpful in considering your application.

APPLICANTS STATEMENT:

Background checks will be run for all qualified applicants. Applicants may be asked to describe or demonstrate how they can perform job functions or duties.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature _____ Date _____