

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 and Address of Employer	Phone	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_____