



WASHINGTON
ATHLETIC CLUB

MISSION

To enrich the quality of life of our members

VISION

To be the premier athletic club in America

VALUES

Leadership, Excellence, Integrity, Service and Sensitivity

APPLICATION FOR EMPLOYMENT

The WAC considers applicants for all positions without regard to race, color, creed, religion, gender, national origin, sexual orientation, age, marital or veteran status, the presence of a mental, physical or sensory disability, or any other legally protected status.

PLEASE PRINT CLEARLY

Position(s) desired: _____ Date: _____

First Name: _____ Last Name: _____

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____ Email Address: _____

How were you referred to the Washington Athletic Club?

WAC Employee School Previously employed by WAC

Agency WAC Member On my own

Job Board: _____ Other: _____

Name of referral source: _____

PLEASE NOTE: This application form was designed for applicants applying for a variety of positions. Answer the questions to the best of your ability. All information will be treated confidentially.

THE WASHINGTON ATHLETIC CLUB IS AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION

Do you wish to work: Full-time Part-time

Please list the hours you are available: _____

Date you are available for work: _____

Can you perform the essential functions of this job with or without accommodation? Yes No

Do you have any commitments to another employer that might affect your employment with the Washington Athletic Club? Yes No

Have you ever been discharged or asked to resign from any position? Yes No

If yes, please explain: _____

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

Are you 18 years of age or older? Yes No

Have you been convicted of a felony within the last seven years? If yes, please describe:

(A conviction will not necessarily disqualify you from being considered for employment.)

PROFESSIONAL REFERENCES

State the names of three professional references, excluding relatives, whom you have worked with.

NAME

PHONE NUMBER

HOW DO YOU KNOW THIS PERSON?

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, gender, national origin, disability or other protected status. This section must be completed in full. You may attach a résumé if desired.

From	Current Employer (Name and Address - type of business)	Salary or Hourly Starting Pay Ending Pay	Position	Reason for leaving
To				
Duties Performed				
Supervisor's Name		Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From	Previous Employer (Name and Address - type of business)	Salary or Hourly Starting Pay Ending Pay	Position	Reason for leaving
To				
Duties Performed				
Supervisor's Name		Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From	Previous Employer (Name and Address - type of business)	Salary or Hourly Starting Pay Ending Pay	Position	Reason for leaving
To				
Duties Performed				
Supervisor's Name		Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL DATA

School	Name, City and State, Country	No. years completed	Degree, major or type of course
High School			
College			
Grad. School			
Trade, Bus., Night or Corres.			
Other			

AGREEMENT

(PLEASE READ THE FOLLOWING STATEMENT CAREFULLY)

I hereby affirm that the information provided on this application (and accompanying resume, if any,) is true and completed to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that employment, if offered, is at the will of the Club and myself and may be terminated, at any time for any reason by either party. I understand that no management official other than the President and CEO of the Washington Athletic Club has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I understand that in connection with the application process, the Washington Athletic Club may request information from my past employers, educational institutions, personal references, and any public or private agencies that have issued either a professional or vocational certification or license. I also understand that such investigation may include a review of my credit history and any criminal records. I request, authorize, and consent to the release of any and all such information to the Washington Athletic Club consistent with all state and federal laws and hereby release and hold harmless every person or entity that communicates such information to the Washington Athletic Club in good faith and without malice from any and all claims or liability of any type whatsoever.

Finally, I understand that I may be required to take a pre-employment drug test and that I must successfully pass such a test as a condition of obtaining employment with the Washington Athletic Club.

SIGNATURE

DATE



WASHINGTON ATHLETIC CLUB

1325 Sixth Ave. P.O. Box 1709 Seattle, WA 98111-1709

206.464.3067 | FAX 206.464.4623

www.wac.net