



Employment Application

Application Date: _____

Personal Information

Referred By: _____

Name (Last Name, First Name) _____

Present Address _____ Apt. No. _____ City _____ State/Zip _____

Phone Number _____ Birthdate (only if under 18 years of age) _____

Desired Employment

Type of Employment You are Seeking: Part-Time _____ Full-Time: _____

Department: Reception _____ Aquatics _____ Tennis _____ Childcare _____ Spa _____

Administrative _____ Fitness _____ Group Exercise _____ Facility Staff _____

Date Available to start work: _____ Desired Wage: _____

Are you currently Employed? Yes _____ No _____

If yes, may we inquire of your present employer? Yes _____ No _____

Name of Last Supervisor: _____

Reason for leaving: _____

Write in available days and hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

WSC Hours of Operation: Mon-Thurs: 5am-10pm; Friday: 5am-9pm
Saturday and Sunday: 6am-6pm

Job Qualifications

Please list any certifications, special skills or training that may pertain to working at WSC:

01/01/2024

Work Experience
Start with most recent

Employer: _____ Telephone: (____) _____
Address: _____ City: _____ State: _____
Supervisor : _____ Title: _____
Your Title : _____ Salary: _____
Your Duties: _____

Dates of Employment: _____ Reason for Leaving: _____

Employer: _____ Telephone: (____) _____
Address: _____ City: _____ State: _____
Supervisor : _____ Title: _____
Your Title : _____ Salary: _____
Your Duties: _____

Dates of Employment: _____ Reason for Leaving: _____

Employer: _____ Telephone: (____) _____
Address: _____ City: _____ State: _____
Supervisor : _____ Title: _____
Your Title : _____ Salary: _____
Your Duties: _____

Dates of Employment: _____ Reason for Leaving: _____

Professional References

(Please list previous employers only)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Education

Grammar School: _____ City/State: _____

High School: _____ City/State: _____

Graduated: Yes ___ No ___

College: _____ City/State: _____

Graduated: Yes ___ No ___

Course of Study: _____

Business or Trade School: _____ City/State: _____

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the Wheaton Sport Center to investigate all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

Signature

Date

Reference Checks—For Office Use Only

Name: _____ Company/Position: _____

Applicant's Position/Title: _____ Dates of Employment _____ to _____

Applicant's Salary: _____ Rehire? Yes ___ No ___ Other _____

Additional Comments: _____

Reference Check By: _____ Date: _____

Name: _____ Company/Position: _____

Applicant's Position/Title: _____ Dates of Employment _____ to _____

Applicant's Salary: _____ Rehire? Yes ___ No ___ Other _____

Additional Comments: _____

Reference Check By: _____ Date: _____

Name: _____ Company/Position: _____

Applicant's Position/Title: _____ Dates of Employment _____ to _____

Applicant's Salary: _____ Rehire? Yes ___ No ___ Other _____

Additional Comments: _____

Reference Check By: _____ Date: _____