

# 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 origin 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				

Have you ever been convicted of a felony or misdemeanor? No  Yes  If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

## 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 \_\_\_\_\_