Wheaton Sport Center
Your Neighborhood Club

Employment Application

Application Date: _____

Referred By: _____

Personal Information

_____
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:
_____

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: _____