

East West Partners Club Management

Application for Employment

General Information

Please print or type

Last Name	First Name	Middle Initial
Present Address		
Street, PO Box, Rt. #, Apt #	City	State Zip
Permanent Address (if different from above)		
Street, PO Box, Rt. #, Apt #	City	State Zip

As an Equal Opportunity Employer, East West Partners Club Management Company does not discriminate on the basis of race, color, religion, age, sex, national origin, disability, veteran status, or sexual orientation.

Daytime Telephone () () () () () () - () () () ()	Home Telephone () () () () () () - () () () ()	Permanent Home Phone (if different) () () () () () () - () () () ()
Social Security Number () () () - () () () - () () () ()	Date Available to begin working () () / () () / () ()	
Are you a United States Citizen or national, a lawful permanent resident alien, or an alien authorized by the Immigration and Naturalization Service to work in the United States?		
<input type="checkbox"/> Yes <input type="checkbox"/> No What is the best time to reach you? _____		

Please check box(es) indicating the type of employment schedule for which you are applying:			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal, Summer, Temporary	
What hours are you available to work? _____		Salary expected \$ _____ per	<input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr
Will you consider a position which pays less than the expected amount listed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position or type of work desired: _____			
Geographical Preference: _____			
Geographical Restrictions: _____			

Have you previously applied for employment with East West Partners Club Management Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____	
Have you previously been employed by East West Partners Club Management Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____	
In case of emergency, notify: Name _____	Phone () () () () () () - () () () ()
Current Driver's License # _____ State _____	Commercial Driver's License # _____ State _____
Have you ever been <u>convicted</u> of a crime? (Include military conviction and traffic violations/infractions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list on a separate sheet of paper, when, where, and the results.	

Please note that your signature is required on the back of this application.

Please account fully for all periods of employment, including your present/most recent employer and times spent in U.S. Armed Forces. List your present/most recent employment first. All information must be included on the application. Please do not write "See Resume." However, if necessary, you may attach additional pages containing the information requested below.

From: Mo/Yr	Employer	Telephone Number (<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Supervisor most familiar with your work
To: Mo/Yr	Address (Street)	City	State Zip
Starting Salary \$ per	Starting Position	Present/Last Position	Reason for leaving
Present/Last Salary (Excluding Bonus) \$ per	Description of Duties & Responsibilities (Last Position)		
From: Mo/Yr	Employer	Telephone Number (<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Supervisor most familiar with your work
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To: Mo/Yr	Address (Street)	City	State Zip
Starting Salary \$ per	Starting Position	Present/Last Position	Reason for leaving
Present/Last Salary (Excluding Bonus) \$ per	Description of Duties & Responsibilities (Last Position)		
The following information is needed to verify references. Have you ever been employed under a different name? If so, please state the name:		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Educational Background

Type of School	Name of School	City	State	Dates of Attendance From/To	Degree Earned or Hours/Years Completed	Major Field of Study	Did you Graduate Yes/No
High School (GED)							
College University							
College University							
Business Vocational Trade Sch.							
Graduate School							
Other							

Military Service

Branch of Service	Date Inducted and Rank
Date Discharged and Rank	
Type of Discharge	If other than "Honorable", explain
Primary Military Occupation	
Skills Acquired	

Training and Skills

Please provide any additional information that may assist us in the consideration of your application including special skills, training, qualifications, membership in professional societies, licenses, certifications, etc.

Typing Speed _____ WPM

Personal Computer Skills: Word Processing Spreadsheet Graphics Database

Application Software: MS Office™ Lotus Notes™

Other: _____

East West Partners Club Management

I understand that the completion of this application does not indicate there are open positions and does not obligate East West Partners Club Management Company in any way. Should I be offered employment with East West Partners Club Management Company, the offer of employment may be contingent upon my receiving a medical clearance for employment from a Company or Company-approved physician following a physical examination. That examination might also include a test for drugs. Should the test indicate the presence of drugs other than those being used for legitimate medical purpose, I understand that I will be disqualified from employment.

I certify that all facts contained in the application are true and complete and acknowledge that East West Partners Club Management Company is relying on the accuracy of the information provided. I authorize East West Partners Club Management Company to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to East West Partners Club Management Company. I also authorize East West Partners Club Management Company to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or East West Partners Club Management Company. I also understand and agree that no one has authority to promise me job security or continued employment, except the CEO of East West Partners Club Management Company in a formal written agreement signed by both of us.

The Fair Credit Reporting Act requires that we advise all applicants that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Further information on the nature and scope of such report, if made, will be available to you upon written request.

All information required on this form is necessary to process your application properly and to enable East West Partners Club Management Company to comply with state and federal laws and regulations.

It is the policy of the Company that persons related to members of managed facilities/clubs are not eligible for employment. Related persons include spouses, children, parents, siblings, significant others, and related or unrelated persons living in the same household.

Are you related to any member or prospective member of the facility/club/establishment for which you are applying for employment?

Yes No If yes, name the member: _____

To your knowledge are you related to any vendor or contractor who does business with the facility/club/establishment for which you are applying for employment?

Yes No If yes, name the vendor: _____

If applying for a particular opening, how did you hear about it?

Employment ad, what paper? _____ Friend Other, _____

Signature _____ Date _____