

Positions/Activities in which you participate that you believe will contribute to your consideration for employment with Manhattan Plaza Health Club

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, sexual orientation, marital status, veteran status or any other protected status.)

CURRENT AND FORMER EMPLOYERS

(If any employment was under a different name, please indicate the name next to the employer listed.)

LIST YOUR LAST FOUR EMPLOYERS BELOW, STARTING WITH THE MOST RECENT

Date Month &	Name & Address Of Employer	Salary	Summary of Duties	Name of Last Supervisor / May We Contact Them	Reason For Leaving
From					
To					
From					
To					
From					
To					
From					
To					

Why would you like to work with Manhattan Plaza Health Club?

Is there anything else that you would like us to know about you that will contribute to your value as a Manhattan Plaza Health Club employee for the position you seek?

REFERENCES (Please do not use relatives or previous employers)

NAME: _____
 ADDRESS: _____
 CONTACT NUMBER: _____

NAME: _____
 ADDRESS: _____
 CONTACT NUMBER: _____

NAME: _____
 ADDRESS: _____
 CONTACT NUMBER: _____

ADDITIONAL QUESTIONS

Are you legally eligible for employment in the United States?

YES NO

(If offered employment, you will be required to provide documentation to verify eligibility.)

Are you 18 years of age or older?

YES NO

Are you able to do the essential functions of the job you seek with or without accommodation?

YES NO

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application (and any attached resume or documentation) are true and complete to the best of my knowledge and authorize Manhattan Plaza Health Club to verify their accuracy and to obtain reference information on me. I hereby release Manhattan Plaza Health Club and all persons, companies or institutions contacted, from any/all liability of whatever kind and nature which, at any time, could result from obtaining information from such sources and having Manhattan Plaza Health Club base an employment decision on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient reason for not hiring, and if employed, sufficient basis for dismissal at any time.

I agree that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Manhattan Plaza Health Club. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at-will and that either I or Manhattan Plaza Health Club may terminate my employment at any time with or without notice or cause.

All offers of employment are contingent upon satisfactory references and background checks.

I ATTEST THAT I HAVE READ THE ABOVE APPLICANT'S CERTIFICATION

Signature: _____

Date: ____/____/____