



# APPLICATION FOR EMPLOYMENT

## A. Personal Information

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street, Apt City State, ZIP

Phone (Mobile): ( ) - Email Address: \_\_\_\_\_

Phone (Home): ( ) - Social Security #: \_\_\_\_\_ - -

Can you present, upon employment, proof of U.S. Citizenship or your legal right to regular employment in the US?  Yes  No

Have you ever been convicted of a FELONY? If yes, name the FELONY.  Yes \_\_\_\_\_  No

Have you ever been convicted of a MISDEMEANOR? If yes, name the MISDEMEANOR.  Yes \_\_\_\_\_  No

**For Sunnyvale Applicants Only:** Do you understand that employment is contingent on a negative TB test result  Yes  No

## B. Hiring Information

Position Sought: \_\_\_\_\_

Approximate Salary Requirements: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Through what channel was this application made?

- Self
- State Employment Agency
- Employment Agency
- Advertisement
- Employee Referral (Name of Employee): \_\_\_\_\_
- Other

**Employee Unavailability** (Please indicate which days you are **not** available to work by crossing out the appropriate boxes below)

	EARLY AM (6-8 AM)	LATE AM (8AM-12 PM)	EARLY PM (12-3 PM)	MID PM (3-5 PM)	LATE PM (5-10 PM)
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

## C. Education & Skills

School Name & Location	Major Field	Dates Attended		Years Completed	Degree
		From	To		

Please list your areas of highest proficiency, special skills, and experiences that are relevant to the position(s) for which you are applying: \_\_\_\_\_

List any activities, volunteer work, awards, and certificates which may be relevant to the position for which you are applying: \_\_\_\_\_

For Campbell Office.

### D. Employment History & Previous Experience (List from most recent)

Dates Employed(MM/YYYY) From:            To:	Job Title / Role:	Employer:
Hourly Rate / Salary:	Address:	
Name of Supervisor:	Title of Supervisor	Phone Number:

 Tasks Performed / Job Description:
   
  
 \_\_\_\_\_
   
  
 \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Dates Employed(MM/YYYY) From:            To:	Job Title / Role:	Employer:
Hourly Rate / Salary:	Address:	
Name of Supervisor:	Title of Supervisor	Phone Number:

 Tasks Performed / Job Description:
   
  
 \_\_\_\_\_
   
  
 \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Please read the following carefully before signing.

In consideration of my employment by Lifetime Tennis, I agree to the following:

- 1) I acknowledge that if hired, I will be an at-will employee. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the discretion of Lifetime Tennis or myself;
- 2) I will conform to the rules and regulations of Lifetime Tennis;
- 3) The use of this form does not in any way obligate Lifetime Tennis to employ the applicant;
- 4) I authorize Lifetime Tennis personnel to check with all previous employers and schools given as references to answer all questions regarding my work, skills, character or actions;
- 5) The information provided herein is accurate to the best of my knowledge. Any misrepresentation, false statement or an omission of information on this application could result in immediate dismissal.

 \_\_\_\_\_  
**Printed Name**

 \_\_\_\_\_  
**Signature**

 \_\_\_\_\_  
**Date**
**FOR OFFICE USE ONLY**

Position:	Rate of Pay:	Site:
Start Date:	Trial Rate:	Hiring Manager:
Date of Fingerprinting Results:	Date of TB Skin Test: <i>*SV &amp; CU</i>	Time and Attendance Manager:

**For Campbell Office.**