

Lamson Health Club Application

Welcome to Lamson Health Club !

Thanks for applying to join the Lamson Health Club Team. Before you complete this application, we want you to know a little bit about working at Lamson Health Club.

As a successful team member, you will learn valuable job skills including:

- Technical Skills (Weight training knowledge)
- Customer service skills (selling, problem solving)
- Social skills (communication, working with others)
- Organization and planning (time management)
- Responsibility (self-management)

As a Lamson Health Club team member, your most important job is to satisfy Lamson Health Club guests by providing:

Friendly Service: Our guests expect to be treated respectfully and professionally.

Clean Surrounding: Our guests like to work out in a clean, comfortable environment.

Personal Service: Our guests expect friendly, courteous service. A smile and friendly greeting will encourage them to return to Lamson Health club again and again.

Knowledgeable Service: Our guests expect knowledgeable service to answer questions on the topic of weight training and basic nutrition.

How to Complete This Application

1. Use blue or black pen. Print neatly, so your answers are easy to read. If you need more space, attach an additional sheet of paper.
2. Answer all of the questions completely. If you do not understand a question, ask the manager to explain it.
3. If you have a question about job duties or other opportunities with Lamson Health Club, ask the manager.
4. Carefully read the information on the application. Once you have answered the questions and read all the information, sign the application.
5. Return the completed application to the manager. She will review the application and contact you. Applications are effective for 60 days, after which you must re-apply. This time period may be extended if you are interviewed for a position during the 60 day period.

*Thanks Again For Applying to Join The
Lamson Health Club Team*

Personal Information

Name: (First, Middle, Last)	SSN or Student ID#: E-mail address:
Home Phone Number:	How long will you be in the area.
Local Phone: Cell Phone:	Person to contact in emergency: (Name and phone number)
Home Address:	City, State, Zip Code:
Local Address:	City, State, Zip Code:
<p>Can you, after employment, submit verification of your legal right to work the in the U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you been counseled or disciplined for being late or absent from work, school or dorm residency? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you ever been convicted of a felony, a crime involving dishonesty, or a crime involving violence to another person? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please describe, including dates charged, penalties, and current disposition:</p> <hr/>	

Position Requested

- Attendant/Desk receptionist:** No experience necessary.
- Housekeeper:** No experience necessary.
- New member Orientator:** Trainer's experience recommended, no certification required.
- Personal Trainer:** Certification required.
- Aerobics Instructor:** Experience recommended. Certification preferred.
- Aerobics Coordinator:** Certification/experience required.
- Spinning Instructor:** Experience recommended. Certification preferred.
- Massage Therapist:** Certification required.

Lamson Health Club is a learning facility that provides training oppertunties for all employees.

Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
FROM TO	FROM TO	FROM TO	FROM TO	FROM TO	FROM TO
IF HIRED, WHEN COULD YOU BEGIN WORK? (Month/Day/Year)					
HOW MANY HOURS DO YOU WANT TO WORK EACH WEEK?					
ARE YOU AN ANDREWS STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU LIVE ON CAMPUS OR OFF? <input type="checkbox"/> ON <input type="checkbox"/> OFF		

Work Experience

Company	Address	Position & Duties	Supervisor Name & Phone	Dates Employed	Reason for Leaving
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO				ENDING WAGE \$	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO				ENDING WAGE \$	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO				ENDING WAGE \$	

References

Name	Telephone Number	How long have you known this person?	Relationship to you	Type of Reference
				<input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal
				<input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal
				<input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal

Education

School Name	Dates	Degree Earned

Please list any certifications, classes or workshops that are related to this job. (ie: ACE, AFAA, etc.)

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Have you ever worked at a health club or athletic facility before? N Y

Are you currently CPR/AED certified? If yes, when does it expire? N Y _____

Does your schedule allow you to sub for other desk attendants when needed? N Y

Describe the reasons why you feel qualified to work at Lamson Health Club:

Applicant's Statements

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

1. The information I am presenting in this application is complete, true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in the denial of my application, withdrawal of offer of employment, or immediate discharge.

2. I understand that in connection with the application process, Lamson Health club and its representatives may contact my former employers, education institutions, references, and other relevant third parties to obtain additional information related to the information given by me in this application. I hereby request, release, and consent to the release and disclosure of such information. I further release and hold harmless Lamson Health Club, Andrews University, their employees and agents, and any other parties inquiring about, investigation, furnishing communication, reviewing, or evaluation of such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have now or in the future.

3. If employed, I agree to conform to the rules and regulations of Lamson Health Club and Andrews University and understand that I will be an employee at-will, and my employment may be terminated at any time by Lamson Health Club, with or without notice, for any reason.

APPLICANT'S SIGNATURE: _____ **Date:** _____