

# The El Monte Lions



## For Official Use Only

Date Received: \_\_\_\_\_, 20\_\_\_\_

Reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_

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## EMPLOYMENT APPLICATION

**The California Athletic Club, LLC** provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

### Please -

- Complete **all** items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.
- If necessary, attach additional 8 1/2" x 11" sheets of paper to this application.
- Submit your completed application, resume, and cover letter to the **Human Resource** Department via email: **theelmontelions@yahoo.com**

**Position and Club Applying For:** \_\_\_\_\_

**Positions Available:** Business Manager/Marketing & Sales/Office Manager/ Athletic Coach/ Athletic Trainer

### Personal Information

|                                    |                               |                                 |
|------------------------------------|-------------------------------|---------------------------------|
| 1. Name (Last, First Middle)       | 3. Social Security #<br>-- -- | 6. Driver's License (State/No.) |
| 2. Address (Street)                | 4. Telephone Number<br>( ) -  | 7. Alternate Telephone<br>( ) - |
| 3. Address (City, State, Zip Code) | 5. Email Address              |                                 |

### General Information

Are you legally eligible for work in the U.S.A.? ☐ Yes ☐ No

(if yes, verification will be required)

Have you ever applied to or worked for **The California Athletic Club, LLC** before? ☐ Yes ☐ No

If so, when?

Are any of your relatives currently working for **The California Athletic Club, LLC** ☐ Yes ☐ No

If so, please list name and department, if applicable.

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain.

| <b>Employment Request</b>                                                                                                                                                                                                                             |                                                             |                                                                                                         |                      |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| Minimum Salary Requested: \$ _____                                                                                                                                                                                                                    |                                                             | If applicable, are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |                     |
| What is the earliest date you can begin work? _____                                                                                                                                                                                                   |                                                             |                                                                                                         |                      |                     |
| How did you hear about this position?<br><input type="checkbox"/> Recruiter <input type="checkbox"/> Internet Job Posting <input type="checkbox"/> Newspaper Classified <input type="checkbox"/> Company Website <input type="checkbox"/> Other _____ |                                                             |                                                                                                         |                      |                     |
| <b>Employment History</b>                                                                                                                                                                                                                             |                                                             |                                                                                                         |                      |                     |
| <i>*Please begin with most recent employment</i>                                                                                                                                                                                                      |                                                             |                                                                                                         |                      |                     |
| May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable                                                                                                                |                                                             |                                                                                                         |                      |                     |
| Employer: _____<br><br>Address: _____<br>_____<br>Supervisor: _____<br>Telephone: (   ) _____ - _____                                                                                                                                                 | Dates of Employment: _____<br>_____<br>to<br>_____<br>_____ | Pay or salary<br><br>Start:<br><br>Final:                                                               | Position:<br>Duties: | Reason for Leaving: |
| Employer: _____<br><br>Address: _____<br>_____<br>Supervisor: _____<br>Telephone: (   ) _____ - _____                                                                                                                                                 | Dates of Employment: _____<br>_____<br>to<br>_____<br>_____ | Pay or salary<br><br>Start:<br><br>Final:                                                               | Position:<br>Duties: | Reason for Leaving: |
| Employer: _____<br><br>Address: _____<br>_____<br>Supervisor: _____<br>Telephone: (   ) _____ - _____                                                                                                                                                 | Dates of Employment: _____<br>_____<br>to<br>_____<br>_____ | Pay or salary<br><br>Start:<br><br>Final:                                                               | Position:<br>Duties: | Reason for Leaving: |
| <b>Education</b>                                                                                                                                                                                                                                      |                                                             |                                                                                                         |                      |                     |
| School                                                                                                                                                                                                                                                | Name                                                        | Location                                                                                                | Course of Study      | Degree Obtained     |
| High School/GED                                                                                                                                                                                                                                       |                                                             |                                                                                                         |                      |                     |
| College/University                                                                                                                                                                                                                                    |                                                             |                                                                                                         |                      |                     |
| Graduate School                                                                                                                                                                                                                                       |                                                             |                                                                                                         |                      |                     |
| Vocational / Specialized                                                                                                                                                                                                                              |                                                             |                                                                                                         |                      |                     |
| <b>Military</b>                                                                                                                                                                                                                                       |                                                             |                                                                                                         |                      |                     |
| Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No                                      Branch: _____<br><br>Specialized Training: _____                                                                                      |                                                             |                                                                                                         |                      |                     |

| References |         |       |                     |
|------------|---------|-------|---------------------|
| Name       | Company | Title | Contact Information |
|            |         |       |                     |
|            |         |       |                     |
|            |         |       |                     |

| Signature / Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <p>I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize The California Athletic Club, LLC to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to The California Athletic Club, LLC by any of the schools, services, or employers listed on this application.</p> |       |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date: |