## APPLICATION FOR EMPLOYMENT

(All information will be treated as confidential.)

To complete this form, please:

\* Fill out all portions in your own handwriting and sign the back of the application.

\*Answer all questions. If the answer is "no" or "not applicable", please indicate so.

\*Attach a separate sheet of paper if you need additional space.



Today's Date		Full Name						
Address								
		Street	City	State	Zip			
Phone								
What position(s) are you applying for?								
Wage desired	•	Are you seeking:	Full time	Part Time	Either			
If part time, please list days and hours available for work:								
What prompted your application?			AdvertisementOwn Accord					
Employee:			Other:					
Have you ever be	en employed a	t ACB or Scanlon's?						
If yes, please list Position:		dates of employment:		ious employment:				
If you are under	18, please list	date of birth.	Month	Day Year	200			
			EDUCATION	Day /ear				
	Graduated?	# of Years	LDUCATION					
	Yes/No	Attended	Name and Location	of School	Major	Degree		
High School								
College						*		
Graduate School			3					
Other								
Are you cur	rently CPR cei	rtified?	If yes, lis	t expiration date		ď		
Have you had first aid training?			If yes, list agency and date					
Please list any additional traning or certification relevant to the position you are applying for:								

## EMPLOYMENT HISTORY

Please list most recent job first. Use additional sheets of paper if necessary.

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Employer							
Location	•						
Position		A COLUMN TO THE REAL PROPERTY OF THE PROPERTY					
Dates							
Supervisor							
Wage	7	п					
Phone Number							
Reason for Leaving							
ΓΙ							
Employer							
Location							
Position							
Dates							
Supervisor							
Wage							
Phone Number							
Reason for Leaving							
Employer							
Location							
Position							
Dates							
Supervisor							
Wage							
Phone Number							
Reason for Leaving							
Neuson for Leaving	PERSONAL REFERENCES						
	Phone Number						
Full name of reference	How do you know this reference?	Priorie Number					
I certify that the information listed on this application is accurate and true.							
I authorize the Athletic Club of Bend to contact any employers and references listed on this application.							
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Signature of Applicant							

The Athletic Club of Bend is an equal opportunity employer and does not discriminate based on race, color, religion, gender, national origin, age, disability or any other characteristic protected by law.

Employment opportunities are entered into voluntarily and will be considered "at will".