

EMPLOYMENT HISTORY

Begin with your current or last job. Include military service assignments & volunteer activities if you wish them to be considered. List all FT, PT and temporary jobs. Account for & explain any gaps in employment. Since we will verify your previous employment, experience & education, **phone numbers are critical**. Use a supplemental sheet if necessary. **Complete applications** may be attached to a resume.

1.	Employer:		Dates employed		
	Address:		From:	To:	
	Phone:		Pay rate during your employment:		
	Job title:	Supervisor:	Starting:	Ending:	
	Duties:				
Reason for leaving:					
2.	Employer:		Dates employed		
	Address:		From:	To:	
	Phone :		Pay rate during your employment:		
	Job title:	Supervisor:	Starting :	Ending:	
	Duties:				
Reason for leaving:					
3.	Employer:		Dates employed:		
	Address:		From:	To:	
	Phone:		Pay rate during your employment:		
	Job Title:	Supervisor:	Starting:	To:	
	Duties:				
Reason for leaving:					

Work Related References	Phone Number	# of Years Acquainted	Relationship To

By signing below, I certify the information provided in this Application for Employment is true, correct, and complete and to the best of my recollection. I understand, if employed, any misstatement or omission of fact or falsifying any response on this application may result in my dismissal if discovered at a later date. I understand, if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer at any time during my employment. I also understand this means I am free to quit my employment at any time, for any reason, without notice. I understand no representative of the company, other than the General Manger, has authority to change the terms of at-will employment and any such change can occur only in a written employment contract signed by the General Manager and the Owner. I hereby authorize the Family Sports Center to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release from all liability or responsibility all persons, institutions or former employers identified by me requesting or supplying information to Family Sports Center.

Signature

Date



NOTICE TO APPLICANTS

EMPLOYMENT AT WILL

THE FAMILY SPORTS CENTER SUBSCRIBES TO THE POLICY OF EMPLOYMENT AT WILL. THE FAMILY SPORTS CENTER CAN TERMINATE AN EMPLOYEE'S EMPLOYMENT AT ANY TIME; WITH OR WITHOUT ADVANCE NOTICE, FOR ANY REASON OR NO REASON, WITH OR WITHOUT CAUSE. AN EMPLOYEE CAN ALSO TERMINATE EMPLOYMENT WITH THE FAMILY SPORTS CENTER AT ANY TIME AND FOR ANY REASON. PERMANENT EMPLOYMENT OR EMPLOYMENT FOR A SPECIFIC TERM CANNOT BE GUARANTEED OR PROMISED BY ANY PERSON, OFFICER, DIRECTOR, MANAGER, CONTRACTOR OR OTHERS EMPLOYED WITH THE FAMILY SPORTS CENTER UNLESS THIS IS DONE VIA A WRITTEN CONTRACT SIGNED BY THE GENERAL MANAGER AND OWNER.

Signature _____ **Date** _____



INVITATION TO SELF IDENTIFY

Applicants and employees, who wish to benefit under an *Affirmative Action Program* of the Family Sports Center are invited to identify themselves. **This information is voluntarily provided**, it will be kept confidential, and refusal to provide it will not subject any applicant or employee to any adverse treatment. Nothing shall preclude employees from informing the company, at a future time, of a desire to benefit under this program. If you do not wish to complete this form, simply sign below & return it.

I identify myself as:

1. Ethnicity: (check one)

Caucasian/non-Hispanic African-American • Hispanic • Asian/Pacific Islander • Native Am./Alaskan Native

2. Gender: Male Female

3. Special Disabled Veteran: Yes No

(1) A veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Veterans Administration for a disability: a) rated at 30% or more, or b) rated at 10% or 20% in the case of a veteran who has been determined under Section 1506 of Title 38 USC to have a serious employment handicap; (2) A person who was discharged or released from active duty because of service-connected disability.

4. Veteran of the Vietnam Era: Yes No

A veteran, any part of whose active military, naval or air service was during the period August 5, 1964 through May 7, 1975, who: (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability. No veteran may be considered to be a veteran of the Vietnam Era under this paragraph after December 31, 1994.

5. Disabled: Yes No

Any person who (1) has a physical or mental impairment, which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having impairment. For purposes of this part, a disabled individual is substantially limited if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of a disability.

Signature

Date



NOTICE TO APPLICANTS

CRIMINAL BACKGROUND CHECKS

ALL FINAL CANDIDATES MUST SUCCESSFULLY PASS A CRIMINAL HISTORY AND BACKGROUND INVESTIGATION PROCESS BEFORE ANY JOB OFFER MAY BE CONSIDERED BY MANAGEMENT STAFF.

CANDIDATES NOT WISHING TO PARTICIPATE IN THE CRIMINAL HISTORY AND BACKGROUND PROCESS SHOULD NOTIFY HUMAN RESOURCES IMMEDIATELY.

Signature _____ Date _____



**CRIMINAL AND BACKGROUND INVESTIGATION RELEASE
AND AUTHORIZATION FORM**

In accordance with my Privacy Rights, I hereby am been advised by Family Sports Center the information described below is required to assist in making an employment advancement determination concerning me.

I understand the execution of this form is voluntary and understand should I choose not to allow Family Sports Center authorization to obtain the information I shall not be considered for any type of employment advancement or new employment; regular; probationary, contract or otherwise.

I hereby authorize Family Sports Center to obtain information from all personnel, educational institutions, government agencies, to include the State of Texas Department of Public Safety, former employers, companies, corporations, workers' compensation information, law enforcement agencies or other individuals or agencies relating to my past employment or activities, to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The information received may include, but is not limited to academic records, job performance, behavior, attendance, personal history, disciplinary, motor vehicle, workers' compensation and criminal records including but not limited to felonies and misdemeanors.

I understand the information released is for consideration of my employment advancement, new employment application, resume and possibly for determining my qualifications for future assignments. All information gathered as a result of this form is confidential and private and shall not be shared with other persons or institutions without my advance consent.

For purposes of gathering information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes in checking records. It is considered confidential and will not be used for other purposes.

Please print clearly:

First Name _____ Initial _____ Last Name _____

Social Security number: _____ Date of birth _____

Drivers license number: _____ State: _____

Signature _____ Date _____

Rev 03/2010



NOTICE TO APPLICANTS

DRUG FREE WORKPLACE

**FAMILY SPORTS CENTER SUPPORTS A
DRUG-FREE WORK WORKPLACE.**

**ALL FINAL CANDIDATES MAY BE REQUIRED TO
SUCCESSFULLY PASS A PRE-EMPLOYMENT
DRUG SCREEN.**

**ADDITIONALLY, EMPLOYEES OF FAMILY
SPORTS CENTER MAY BE SUBJECT TO
SUBMITTING TO A DRUG SCREEN POST
ACCIDENT, FOR REASONABLE SUSPICION OR
AT RANDOM.**

Signature _____ Date _____



**APPLICANT & EMPLOYEE AGREEMENT & CONSENT
TO DRUG & ALCOHOL TESTING**

I hereby agree, upon a request made under the drug & alcohol testing policy of the Family Sports Center, to submit to a drug & or alcohol test & to furnish a sample of my urine, breath, &/or blood for analysis. I understand & agree if I at any time refuse to submit to a drug or alcohol test under Family Sports Center policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination if employed or will not be considered for employment if an applicant. I further authorize & give full permission to have the Family Sports Centers designated physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, & for the laboratory or other testing facility to release any & all documentation relating to such test to the Family Sports Center and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Family Sports Center to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless Family Sports Center, the physician, & any testing laboratory the Family Sports Center might use, meaning I will not sue or hold responsible such parties, for any alleged harm to me which may result from such testing, including loss of employment or any other kind of adverse job action which may arise as a result of the drug or alcohol test, even if the medical facility or the laboratory makes an error in the administration or analysis of the test or the reporting of the results. I further hold harmless the Family Sports Center, the physician, & any testing laboratory for any alleged harm to me which may result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy & the procedures as explained in the paragraph above.

I have read this policy & authorization form & I understand & have been notified if I have any questions regarding the test or the policy, they shall be answered.

I UNDERSTAND THE FAMILY SPORTS CENTER MAY REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY FOR PRE-EMPLOYMENT CONSIDERATION. IF EMPLOYED, I UNDERSTAND FAMILY SPORTS CENTER MAY REQUIRE A DRUG SCREEN TEST POST ACCIDENT (INVOLVED IN THE ACCIDENT OR INJURED IN THE ACCIDENT), RANDOMLY OR FOR REASONABLE SUSPICION.

Signature of Employee

Date