

Employment Application

Please complete the entire application.

1. Employer Information

Employer: Aerobic Center Municipal Authority
Address: 526 New Alexandria Road
City/State/ZIP: Greensburg, Pennsylvania 15601
Telephone: 724-834-2153

It is the policy of Aerobic Center Municipal Authority to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

2. Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Email: _____

Daytime Phone: _____ Evening Phone: _____

Social Security Number: _____ Driver's License (State/Number): _____

3. Job Position Applied for: _____ Full or Part Time?

4. Salary Desired: \$ _____ per _____

5. Who referred you to our company? _____ Do you have any friends or relatives who work here? If yes, please list:

6. Are you willing to work any shift, including nights and weekends? ____ Yes ____ No
If no, please state any limitations:

7. If you are offered employment, when would you be available to begin work?

8. If hired, are you able to submit proof that you are legally eligible for employment in the United States? ____ Yes ____ No

9. Have you ever been convicted of a felony or misdemeanor? _____ Yes or _____ No
(if yes) I was convicted of _____ on _____ (date) in
_____ (city), _____ (state)

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO
EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

10. Applicant's Skills- List any skills that may be useful for the job you are seeking. Enter the
number of years of experience, and circle the number that corresponds to your ability for
each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill and Years of Experience	Rating
_____	1 2 3 4 5
_____	1 2 3 4 5

11. Applicant Employment History- List your current or most recent employment first. Please list
all jobs (including self-employment and military service) that you have held, beginning with
the most recent, and list and explain any gaps in employment. If additional space is needed,
continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Email _____ Phone number: _____

Job Duties: _____

Reason for Leaving: _____ Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Email _____ Phone number: _____

Job Duties: _____

Reason for Leaving: _____ Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Email _____ Phone number: _____

Job Duties: _____

Reason for Leaving: _____ Dates of Employment (Month/Year): _____

12. Applicant's Education and Training

College/University Name and Address _____

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____

High School/GED Name and Address _____

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

13. References- List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Email: _____

Telephone: _____ Relationship: _____

Name: _____

Email: _____

Telephone: _____ Relationship: _____

14. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize Aerobic Center Municipal Authority to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its General Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Aerobic Center Municipal Authority, except in a specific written contract of employment signed on behalf of the organization by its General the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date