

# THE CALIFORNIA CLUB LOS ANGELES

## EMPLOYMENT APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number, Street, Apartment City, State, Zip Code

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ Mobile Telephone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Schedule? (Please Circle) Full-Time/Part-Time/On-call/Temporary

What days and hours are you available for work? \_\_\_\_\_ temporary

Are you available for work on weekends? \_\_\_\_\_

Would you be available to work overtime, if necessary?  Yes  No

If hired, on what date can you start work? \_\_\_\_\_

### Personal Information

Have you ever been employed by The California Club?  Yes  No

If so, when? \_\_\_\_\_

Do you have any friends or relatives working for The California Club?  Yes  No  
If yes, state names(s) and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Why are you applying for work at the California Club? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old?  Yes  No  
(Note: If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
(Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, skill and agility tests.)

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Are you currently employed?

Yes     No

If so, may we contact your current employer?

Yes     No

### EMPLOYMENT

Please begin with your **most recent** employer.

Company Name & Address	From Mo/Yr	To Mo/Yr	Reason for leaving	Name of supervisor
Your title and job duties:				
Telephone:				

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### EDUCATION

High School	City/State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Degree/Diploma
College		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Degree/Diploma
Other		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Degree/Diploma

### JOB SKILLS

What languages do you speak fluently? \_\_\_\_\_

Please list any skills or certificates that may be job-related. \_\_\_\_\_

Are you licensed or certified for the job applied for?  Yes  No  N/A

Name of license or certification \_\_\_\_\_ Issue Date \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended?  Yes  No  N/A

If yes, state reasons, date of revocation or suspension, and date of reinstatement

Military Service: Have you obtained any special skills or abilities as the result of service in the military?  Yes  No

If so, please describe:

### References

List below three persons not related to you who have knowledge of your work performance within the last three years.

1.) \_\_\_\_\_  
 First Name       Last Name       Telephone Number

\_\_\_\_\_ No. Of years acquainted

2.) \_\_\_\_\_  
 First Name       Last Name       Telephone Number

\_\_\_\_\_ No. Of years acquainted

3.) \_\_\_\_\_  
 First Name       Last Name       Telephone Number

\_\_\_\_\_ No. Of years acquainted

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Please read carefully, initial each paragraph and sign below.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my  
Initials chances for employment and that the answers given by me are true and correct to the best of my  
\_\_\_\_\_ knowledge. I further certify that I, the undersigned applicant, have personally completed this  
Initials application. I understand that my omission or misstatement of material fact on this application on any  
document used to secure employment shall be grounds for rejection of this application or for  
immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview, which may  
Initials be granted, or during my employment, if hired, is intended to create an employment contract between  
the The California Club and I. In addition, I understand and agree that if I am employed, my  
\_\_\_\_\_ employment is for no definite or determinable period and may be terminated at any time, with or  
Initials without prior notice, at the option of either Myself or the The California Club, and that no promises  
or representations contrary to the foregoing are binding on the The California Club unless made in  
writing and signed by me and the The California Club's designated representative.

\_\_\_\_\_ I authorize the The California Club and/or its agents, including consumer-reporting bureaus to verify  
Initials any of this information including, but not limited to criminal history and motor vehicle driving  
records. I authorize all persons, schools, companies and law enforcement authorities to release any  
\_\_\_\_\_ information concerning my background and hereby release any said persons, schools, companies and  
Initials law enforcement authorities from any liability for any damage whatsoever for issuing this information.  
I also understand that the use of illegal drugs is prohibited during employment. If company policy  
requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during  
employment. I understand that upon joining the California Club, I will go through an introductory  
period of three months of continuous employment.

Should a search of public records (including records of documenting an arrest, indictment, conviction, civil, judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

All qualified applicants will receive consideration without discrimination due to color, ancestry, religion, medical condition, sex, marital status, race, age, creed, sexual orientation, national origin and presence of disabilities

Signature

Date