



MISSION BAY SPORTCENTER
 1010 Santa Clara Place
 San Diego, CA 92109
 (858) 488-1004

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

LAST NAME	FIRST	MIDDLE INITIAL
HOME ADDRESS		PERMANENT ADDRESS (leave blank if same as home address)
STREET		STREET
CITY	STATE	ZIP
CITY	STATE	ZIP
TELEPHONE - AREA CODE	NUMBER	TELEPHONE - AREA CODE
()		()
Person to contact in an emergency	NAME	TELEPHONE - AREA CODE
		NUMBER
		()

EMPLOYMENT INFORMATION

POSITION APPLIED FOR _____ SALARY DESIRED \$ _____ per

DO YOU HAVE ANY PHYSICAL CONDITION THAT MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? IF YES, EXPLAIN.

SOCIAL SECURITY NUMBER _____

Are you 18 years of age or over? YES NO

If you are a veteran of any branch of the U.S. Armed Forces, did you acquire skills which would be relevant for the position which you are applying?
 Yes No If yes, please describe: _____

How were you referred to us? _____

The following conditions may be required at some point in a job assignment. If required, would you be willing to work:

A. Shift work? YES NO B. Rotational work schedule? YES NO

C. Work schedule other than Monday thru Friday? YES NO D. Overtime work? YES NO

When could you be available to begin work? _____

Type of employment desired: FULL-TIME PART-TIME TEMPORARY SUMMER

EDUCATION AND TRAINING

Type of School	Name & Address of School	Graduated		Type of Degree Diploma or Certificate	Major/Minor Field of Study
		Yes	No		
High School					
College or University					
Other Education					

FOREIGN LANGUAGES (List fluent only)

1 _____ READ WRITE SPEAK

2 _____ READ WRITE SPEAK

SECURITY DATA

have you been convicted of a felony? YES NO

If yes, briefly describe the circumstances of your conviction, indicating the date, nature, and place of the offense and disposition of the case. A felony conviction record will not necessarily bar you from employment since this will be looked upon as only one of the factors considered in the employment decision and evaluated in terms of the nature, severity, and date of the offense.

Do you have a valid Motor Vehicle License? YES NO

What State _____ License Number _____

EMPLOYMENT EXPERIENCE

Please list your job history for the past five years (or last three employers). Start with your present status and note any periods in which you were not employed. Include U.S. military service, previous experience, summer/part-time jobs, cooperative education assignment, and volunteer jobs.

Company Name and Address	Dates Employed Month Year	Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving
	From	Starting		
		\$ For		
Telephone ()	To	Final		Supervisor
	From	Starting		
		\$ For		
Telephone ()	To	Final		Supervisor
	From	Starting		
		\$ For		
Telephone ()	To	Final		Supervisor

Do you have any objections to our contacting your present employer to verify the above?

No, you may contact anytime.

Do not contact now, you may contact at a later date. (Please specify when): _____

List two references (not relatives) whom you have known for at least two years.

- Name _____ Phone _____
Address _____
- Name _____ Phone _____
Address _____

RELATED EXPERIENCES

First Aid, CPR, Lifesaving, WSL _____
Youth Counseling or Volunteer Work _____
Teaching _____
Other _____

ACTIVITIES

Sailing _____
Waterskiing _____
Athletics _____
Other _____

- The information that I have provided on this application is accurate to the best of my knowledge and subject to validation.
- I authorize the persons, schools, current employer (if approved by me in the Employment Experience section) and other organizations or employers named in this application to provide with any relevant information that may be required to arrive at an employment decision.
- I understand and agree that:
 - Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or in employment, termination from employment with Mission Bay SportCenter.
 - Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand accept these conditions of my continuing employment.
- I hereby authorize without liability any credit bureau to furnish you with a report concerning my credit.
- If hired, I agree that either the Company or I have the right to terminate the employment with or without cause and with or without notice at any time; and that the employment relationship is not subject to the provisions of any external documents except as expressly provided by management in writing.
- This application expires 90 days after the date hereof.

SIGNATURE OF APPLICANT

DATE

