



EMPLOYMENT APPLICATION

1 Robert S. Smith Drive
Birmingham, AL 35209

The Club, Inc. is an equal opportunity employer. The Club, Inc. does not discriminate on the basis of race, religion, sex, age, national origin, marital status, or disability. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative. The Club, Inc. uses E-Verify.

Date: _____

APPLICATION INFORMATION:

Applicant Name: _____
Address: _____
City, State, and Zip: _____
Phone Number: _____
Email Address: _____

EMPLOYMENT INFORMATION:

Position(s) applying for: _____

How did you hear about the position? _____
What days are you available to work? _____
What hours are you available to work? _____
Are you available to work overtime? (Y/N) _____

PERSONAL INFORMATION:

Have you ever worked for The Club, Inc.? (Y/N) _____
If yes, when and what position? _____

Do you have family, friends, or acquaintances working for The Club, Inc? (Y/N) _____
If yes, name and relationship: _____

Are you 18 years of age or older? (Y/N) _____
Are you legally able to work in the United States? (Y/N) _____
Do you have reliable transportation? (Y/N) _____

EDUCATION AND TRAINING:

HIGH SCHOOL

NAME	LOCATION (CITY, STATE)	YEAR GRADUATED	DIPLOMA/GED EARNED? (Y/N)

COLLEGE/UNIVERSITY

NAME	LOCATION (CITY, STATE)	YEAR GRADUATED	DEGREE EARNED? (Y/N)
			MAJOR: _____

PREVIOUS EMPLOYMENT

Employer Name:

Job Title:

Responsibilities:

Supervisor Name:

Employer Address:

Phone Number:

Dates Employed: FROM: TO:

Reason for Leaving:

Employer Name:

Job Title:

Responsibilities:

Supervisor Name:

Employer Address:

Phone Number:

Dates Employed: FROM: TO:

Reason for Leaving:

Employer Name:

Job Title:

Responsibilities:

Supervisor Name:

Employer Address:

Phone Number:

Dates Employed: FROM: TO:

Reason for Leaving:

ADDITIONAL JOB SKILLS/TRAINING:

Please list below any skills , training, and qualifications you possess for the position you are applying for:

PROFESSIONAL REFERENCES:

NAME	ADDRESS	PHONE NUMBER
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With my signature below, I certify all information on this and all attached pages are true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job- related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ **Date:** _____
