

EMPLOYMENT APPLICATION



All questions must be answered completely.
Please print all answers legibly.
All pages must be completed in their entirety.

Name _____ Date _____
First Middle Last

Social Security Number: _____ Phone Number: _____

DOB: _____

Current Mailing Address: _____

City _____ State _____ Zip _____

Mailing Address if Different than Physical: _____

City _____ State _____ Zip _____

E-Mail _____

Have you worked for Pelican Athletic Club, L.L.C. or Genesis Health Clubs before? [] YES [] NO
If yes, when? _____ Reason for Leaving: _____

If hired, can you provide proof that you are 18 years of age, or older? [] YES [] NO
If no, please explain: _____

Parent/Legal Guardian Name: _____ Phone Number: _____

If hired, can you provide proof that you are eligible to work in the United States? [] YES [] NO
If no, please list your Date of Birth: _____

Position currently applying for: _____
[] Full Time [] Part Time [] Seasonal [] Days [] Evenings [] Weekend

Desired Wage \$ _____ Date available to start _____

Have you ever worked in a position similar to the one for which you are applying? [] YES [] NO
If yes, please provide details: _____

Are you acquainted with anyone who is or was employed by Genesis Health Clubs?

If yes, who? _____

Have you been convicted of or plead guilty for any federal, state, or municipal criminal offense YES NO

If yes, explain the date, location & circumstances _____

Have you served in the Military? YES NO

If yes, which Branch? _____ Highest Rank held _____

If required, are you willing to submit to a drug and alcohol screening and/or physical? YES NO

If no, please explain _____

If required, are you available for overtime work in the evening and/or on weekends? YES NO

If no, please explain _____

Do you have any other special skills? _____

EDUCATION INFORMATION

High School

NAME OF SCHOOL & LOCATION	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE? (GRADUATION YEAR)

College

NAME OF SCHOOL & LOCATION	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE? (GRADUATION YEAR)

Major: _____

Graduate School

NAME OF SCHOOL & LOCATION	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE? (GRADUATION YEAR)

Major: _____

Have you attended any other additional courses on subjects related to your desired position?

If yes, Please explain: _____

WORK HISTORY (Please list in order of most recent to least)

NAME OF EMPLOYER	
ADDRESS CITY, STATE, ZIP	
PHONE NUMBER	
NAME & TITLE OF DIRECT SUPERVISOR	
DATES EMPLOYED	FROM _____ TO _____
POSITION HELD	
SALARY	STARTING _____ ENDING _____
DESCRIBE YOUR RESPONSIBILITIES	
REASON FOR LEAVING	

NAME OF EMPLOYER	
ADDRESS CITY, STATE, ZIP	
PHONE NUMBER	
NAME & TITLE OF DIRECT SUPERVISOR	
DATES EMPLOYED	FROM _____ TO _____
POSITION HELD	
SALARY	STARTING _____ ENDING _____
DESCRIBE YOUR RESPONSIBILITIES	
REASON FOR LEAVING	

NAME OF EMPLOYER	
ADDRESS CITY, STATE, ZIP	
PHONE NUMBER	
NAME & TITLE OF DIRECT SUPERVISOR	
DATES EMPLOYED	FROM _____ TO _____
POSITION HELD	
SALARY	STARTING _____ ENDING _____
DESCRIBE YOUR RESPONSIBILITIES	
REASON FOR LEAVING	

Have you ever been laid off or discharged by an employer?

YES NO

If yes, please explain _____

Do you have any commitments (e.g., confidentiality or non-competition agreements) to another employer which might affect your work for Genesis Health Clubs?

YES NO

Is there any work you will not perform?

If yes, please explain _____

May we contact your previous employers listed?

YES NO

If no, please explain _____

PERSONAL & PROFESSIONAL REFERENCES (Please provide at least three references)

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	YEARS ACQUAINTED

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	YEARS ACQUAINTED

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	YEARS ACQUAINTED

CONTINUE BELOW

PLEASE READ AND SIGN

Genesis Health Clubs - PAC is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, creed, religion, age, sex, sexual harassment, national origin, ancestry, marital status, handicap, disability related to pregnancy or childbirth, membership or activity in any local commission, status regarding public assistance, membership or non- membership in any labor organization, or any other characteristic protected under federal, state or local law.

None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences, or discrimination based upon non-job-related information or protected characteristics.

If you are hired by Genesis Health Clubs - PAC, you will be employed on an at-will basis. No Genesis Health Clubs - PAC supervisor or manager has the authority to offer or promise anything other than at-will employment.

By my signature below, I promise that the information provided in this employment application, my interview and accompanying resume or documentation is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date. I agree to immediately notify Genesis Health Clubs - PAC if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust, while my job application is pending, or during my period of employment, if hired.

I authorize any person, school, past or current employer (except as previously noted), or organization named in this application form (and accompanying resume, if any) to provide Genesis Health Clubs - PAC with any information or opinion requested by Genesis Health Clubs - PAC. in connection with my application, and I release such persons and organizations from any legal liability in making such statements.

I understand that this application does not create a contract of employment. I understand that, if hired, I am obligated to comply with any and all current and subsequently adopted Genesis Athletic Clubs - PAC policies. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the interval of my wages or salary, be terminated at any time, for any reason, with or without notice. I understand that no person is authorized to change any of the terms mentioned in this employment application.

Applicant Signature

Date



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