

Taconic Sport & Racquet Club 190 Old Sylvan Lake Road Hopewell Junction, NY 12533 (845) 226-8485 TaconicRacquet.com

Employment Application

Applicant Information									
Full Name:					Date:				
	Last	First			M.I.				
Address:	Street Address					Apartment/Unit #			
						·			
	City				State	ZIP Code			
Phone:			Email						
Date Availa	ble:	Social Security No.:_				Salary: \$			
Position App	olied for:								
Are you a citizen of the United States?				$\begin{array}{ccc} {\sf YES} & {\sf NO} \\ {\sf If no, are you authorized to work in the U.S.?} & \Box & \Box \\ \end{array}$					
Have you ever worked for this company?									
Have you ever been convicted of a felony?									
If yes, explain:									
Education									
High Schoo	l:	Addres	SS:						
From:	То:	Did you graduate			Diploma::				
College:		Addres	ss:						
From:	То:	Did you graduate			Degree:				
Other:		Addres	ss:						
From:	То:	Did you graduate	YES e?	NO □	Degree:				
Other:		Addres	SS:						

References

Please list three pro	fessional references.			
Full Name:				Relationship:
Company:				Phone:
Address:				
Full Name:				Relationship:
Company:				Phone:
Address:				
Full Name:				Relationship:
Company:				Phone:
Address:				
	Previous E	mployme	ent	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary:
Responsibilities:				
From:	To:	Reason fo	or Leaving	:
May we contact your	previous supervisor for a reference?	YES	NO	
Company:				Phone:
Addross:				_ Phone: Supervisor:
Job Title:	Starting S	alary: \$		
Responsibilities:				
From:	То:	Reason fo	or Leaving	<u> </u>
May we contact your	previous supervisor for a reference?	YES	NO □	
Company:				Phone:
Job Title:	Starting S	alary: \$		Ending Salary: \$

Responsibilities:										
From: To:	Reason fo	or Leaving:	_							
May we contact your previous supervisor for a reference?	YES	NO □								
Military Service										
Branch:		From:	То:							
Rank at Discharge:	Type of Discharge:									
If other than honorable, explain:										

Disclaimer and Signature

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will!* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature:

Date: