



PARKPOINTHEALTHCLUB.COM

employment application

We're always looking for outgoing, professional, & fun individuals who truly enjoy working with a large variety of people. If you have a positive attitude, a smile on your face, & the right qualifications (we do find those helpful!), then Parkpoint Health Clubs may be a good fit for us both.

Please take a few minutes to fill out the required information below. Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, or the presence of a non-job related medical condition or disability.

PERSONAL INFORMATION

POSITION APPLIED FOR		DATE
LAST NAME	FIRST NAME	MIDDLE NAME
HOME ADDRESS		HOME PHONE
CITY, STATE, ZIP		CELL PHONE
EMAIL		ARE YOU 16 YEARS OR OLDER? YES NO
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE US? YES NO	DID ANYONE REFER YOU FOR EMPLOYMENT? YES NO	IF SO, WHO?
DO YOU HAVE A RELATIVE(S) WORKING FOR PARKPOINT HEALTH CLUBS? YES NO		IF SO, WHAT IS THEIR RELATIONSHIP TO YOU?

EMPLOYMENT DESIRED

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
DESIRED NUMBER OF HOURS PER WEEK MINIMUM MAXIMUM	ARE YOU EMPLOYED NOW? IF SO, WHERE?	
IF EMPLOYED, CAN WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	HAVE YOU EVER APPLIED TO PARKPOINT BEFORE? IF YES, WHEN & AT WHICH CLUB? YES NO	
WHAT PROMPTED YOU TO APPLY TO PARKPOINT AND FOR THIS POSITION IN PARTICULAR?		

AVAILABILITY

Parkpoint Health Clubs are open seven days a week. Please refer to the following individual club details:

PARKPOINT SANTA ROSA
Mon–Thu 5am–9pm
Fri 5am–7pm
Sat–Sun 7am–5pm

PARKPOINT HEALDSBURG
Mon–Fri 5:30am–8:30pm
Sat–Sun 7am–7pm

PARKPOINT SONOMA
Mon–Thu 5:30am–9pm
Fri 5:30am–7pm
Sat & Sun 7am–6pm

What days/hours are you available?

MONDAY	TUESDAY	WEDNESDAY	
THURSDAY	FRIDAY	SATURDAY	SUNDAY



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EDUCATION & SKILLS

SCHOOL NAME	LOCATION	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL		YES NO	
COLLEGE		YES NO	
TRADE OR BUSINESS		YES NO	
PLEASE LIST & DESCRIBE ANY SPECIAL SKILLS AND/OR PROFESSIONAL CERTIFICATIONS APPLICATION TO THE POSITION FOR WHICH YOU ARE APPLYING			

PLEASE COMPLETE THE SECTION BELOW IN FULL EVEN IF YOU HAVE INCLUDED YOUR RESUME

EMPLOYMENT HISTORY

List your last four employers starting with the most recent

MONTH/YEAR	EMPLOYER NAME, ADDRESS, PHONE	SUPERVISOR	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES

Give the names of three references from previous employment

NAME	ADDRESS, PHONE	BUSINESS	YEARS ACQUAINTED



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1. Tell us about your **PERSONALITY** & how you work & interact with **PEOPLE**.

2. What makes you the best candidate for this position? What can you contribute to Parkpoint in this role?

3. If a member complained that the coffee tasted terrible, what would you say or do?

4. Please complete the following math problem & show your work.

You are responsible for making sure that the club has a sufficient inventory of light bulbs. You need to have 20 light bulbs of each size in storage. You need to check all of the storage closets to get a count. In the first storage closet, you find five boxes of 36" bulbs with two in each box and four boxes of 24" bulbs with four in each box. In the second storage closet, you have three boxes of 36" bulbs with four in each box. In addition, you know you need to replace four 36" bulbs. How many do you need to order in order to keep twenty of each size in stock?



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APPLICATION MUST BE COMPLETED IN FULL

SIGNATURES ARE REQUIRED ON THE APPLICANT'S STATEMENT & AUTHORIZATION & RELEASE IN ORDER FOR THE APPLICANT TO BE CONSIDERED FOR A POSITION

APPLICANT'S STATEMENT

Are you able to perform, with or without accommodation, all of the essential functions of the position for which you are applying?

YES NO

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize the company to conduct credit investigations.

I understand if I am employed by The Parkpoint Clubs, my employment is at will and may be terminated by either party at any time and for any reason or for no reason, with or without notice. Any employment agreement must be in writing and approved by the General Manager of Parkpoint Club.

In exchange for considering me for possible employment and/or as a term and condition of my employment, I release, and covenant not to sue, The Parkpoint Club, its employees and agents from any claim that I may have relating to the matters for which I have given my consent.

If hired, I agree to abide by all company work rules, policies & procedures relating to work performance and conduct.

Signature

Date

AUTHORIZATION & RELEASE

1. I authorize any representative of Parkpoint Club to thoroughly investigate my background, including, but not limited to, my references, educational record and work history. This information includes, but is not limited to, my work achievements, performance, attendance, disciplinary history, and personal history.
2. I authorize and direct all of my former schools and employers, and any other individual or entity that possesses information about my background, to release such information about me upon request by a representative of Parkpoint Club, regardless of any prior direction to the contrary that I may have given. I also authorize disclosure to Parkpoint of all transcripts, reports, letters and other education or work records, without prior notice to me.
3. I release all schools, past and present employers, and all other individuals and entities from any and all liability for damage of whatever kind which may at any time result to me because of compliance with this authorization and request to release information.

Printed
Name

Signature

Date
