

# THE FALLSTON CLUB

## EMPLOYMENT APPLICATION

TO APPLICANT: In conformity with applicable laws, The Fallston Club is an equal opportunity employer and does not discriminate on the basis of race, creed, ancestry, religion, age, gender, national origin, marital status, veteran status or physical or mental disability.

**Please print or type clearly. Please complete application in ink.**

### PERSONAL

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_

Today's Date \_\_\_\_\_ Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

**Position Desired:** Admissions \_\_\_\_\_ Life Guard \_\_\_\_\_ WSI Instructor \_\_\_\_\_ Club Supervisor \_\_\_\_\_ Maintenance \_\_\_\_\_  
Concessions \_\_\_\_\_ Swim Team Coach \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Are you able to work the hours required for this position? \_\_\_\_\_ Date available to begin work \_\_\_\_\_

Salary Requirement \_\_\_\_\_ Were you previously employed by us? \_\_\_\_\_ If so, when? \_\_\_\_\_

### EDUCATION

High School \_\_\_\_\_ Address \_\_\_\_\_  
Circle last year attended 9 10 11 12

College \_\_\_\_\_ Address \_\_\_\_\_  
Circle last year attended 1 2 3 4

Degree/Diploma received \_\_\_\_\_ Other (Specify) \_\_\_\_\_

### SKILLS

Indicate the areas in which you have had special training or experience which would be relevant to the position for which you are applying:

CPR \_\_\_\_\_ Lifesaving \_\_\_\_\_ WSI \_\_\_\_\_ First Aide \_\_\_\_\_

Date Date Date Date

CPR Instructor \_\_\_\_\_ Pool Operator \_\_\_\_\_ Other (Specify): \_\_\_\_\_

Date Date Date Date

Please indicate the date of certification for any of the above.

### List below past employment beginning with most recent:

Name/Address of Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Employment Dates - From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name/Address of Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Employment Dates - From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Reason for leaving \_\_\_\_\_

(SIGN OTHER SIDE)

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application and any attached resume are true and complete. I understand that any false answers, statements or any misleading omissions made by me on this application and resume or in responding to requests for information, including but not limited to false answers or statements or misleading omissions made during the interviews or any physical examination, can be sufficient grounds for my rejection as a candidate for employment or immediate discharge. I further agree that, if so, either the club or I may terminate our employment relationship at will, without notice or for any reason, that no agreement to the contrary will be recognized by the Fallston Club and that none of the Club's practices or policies are to be construed as imposing any binding obligations on the Club and that they are subject to change and deletion at any time. I consent to submit to take any physical examinations, including but not limited to blood, urine, breath or other examinations or tests for alcohol or drugs or other substance abuse, that may be requested during my employment should I be offered and accept a job, with the understanding that these examinations will be performed by a health care professional designated by the Club and the Club assumes no responsibility for advising me of the results of any such examination and that any information obtained through such examination may be retained by the Club and is exclusively the Club's property. By my signature below, I also certify that I have personally completed this application without help from any other person.

I hereby authorize The Fallston Club to seek from school officials and all my previous employers, and further authorize the institutions and all my previous Employers release to The Fallston Club any and all information pertaining to my education and employment history, including but not limited to Information and Opinions pertaining to the nature of my job and job duties, how I performed these duties, my salary history, my attendance record, my character, and any performance behavior, attitude or other problems or good points perceived by my former employers. I further release, promise to hold harmless, and covenant not to sue The Fallston Club on the basis of its attempt to obtain such opinions and information, or any institution or previous employers on the basis of their disclosure of such opinions and information to The Fallston Club.

UNDER MARYLAND LAW: AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMET TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

Signature of Applicant\_\_\_\_\_Date\_\_\_\_\_

Mail the completed form to:

The Fallston Club Inc.  
Attn: Club Manager  
P.O. Box 302  
Fallston, MD 21047

FOR OFFICE USE ONLY:

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Date Received Application: \_\_\_\_\_

Date Called Applicant: \_\_\_\_\_

Date Received Work Permit (when under 18 years old):\_\_\_\_\_

Other information: \_\_\_\_\_

Amount Offered for starting job: \$\_\_\_\_\_/ hour

Date Start Work: \_\_\_\_\_