

Application Cover Page

A Commitment to Excellence, Quality Work Ethic, and Wholesome Character

Applicant's Printed Name:
I understand Netawaka Fitness Center is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, I understand job applicants and employees may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol.
Applicant's Initials:
I understand Netawaka Fitness Center is committed to providing the highest level of guest service. As an employee I will be dedicated to delivering an efficient, happy, helpful level of service to all guests. I will fully abide by the wholesome , non-excessive , clean , smoke-free , and neatly groomed dress code that is described in the Policy Manual. I will interact in a calm mature, and professional manner with every guest I see and meet. I will not be caught by any guest or supervisor visiting about not work-related items with other employees or friends that see me while I am on duty. I realize that every guest's needs are a priority for urgent attention over any interaction with another employee or friend that sees me while I am on duty. I understand that I am required to attend mandatory biweekly staff meetings in order to learn all current information that will affect my performance.
Applicant's Initials:
I understand Netawaka Fitness Center is committed to providing a great employer and employee relationship. My honesty, integrity, and commitment to completing each assigned task in a timely manner are of utmost importance. I will be dedicated to providing the highest level of personal character as an employee of NFC. I will deliver my full effort toward fulfilling my job expectations and realize there is never time for me to just be standing or sitting around while on duty at NFC. I will be committed to contacting my immediate supervisor if I feel I have the time to complete additional assigned tasks or feel like I have been assigned a task that I don't fully understand. I understand "horse play" is not safe and not permitted. I will always do my best to provide the most mature and professional level of guest interaction possible. I understand that, if I am not being productive while being paid to deliver the best possible guest interaction and care for NFC, I am not qualified for any merit raises and will be a candidate to be cut from each shift I work as soon as my immediate supervisor sees possible. I understand that merit raises are available to those employees who truly deliver a superior work performance and represent Netawaka Fitness Center with the highest quality of character both at work and in their personal life.
Applicant's Initials:
I understand Netawaka Fitness Center is committed to providing a neat, clean, and safe environment for all of our guests to enjoy. As an employee I will be dedicated to keeping all of my workspaces and the entire facility neat and organized. I understand I will be part of a team that is responsible for keeping all litter, debris and work related materials picked up from the inside and outside grounds at all times. I will be personally committed to taking a proactive stand to ensure all areas of the facility are always clean and safe for operation at all times.
Applicant's Initials:
I understand Netawaka Fitness Center is committed to providing a safe facility for all guests and fellow employees. I may be required to submit all information necessary to complete a background check. I authorize Netawaka Fitness Center to forward my personal information for completion of a background check.
I understand that if I do not abide by any of the above commitments to excellence, quality work ethic, and wholesome character then I am not qualified for a position of employment at Netawaka Fitness Center.
Applicant's Signature: Date:



APPLICATION FOR EMPLOYMENT (PLEASE ANSWER ALL APPLICABLE QUESTIONS)

233 White Way Netawaka, KS 66516

DATE	THIS ORGANIZATION IS PROHIBITS DISCRIMINATION GENDER, AGE, NATIONAL THE PURPOSE OF EMPLOYMENT BECAUSE ORIGIN, OR DISABILITY.	OVER THE AGE O	O DF 18				
NAME-PRINT IN FULL (LAST)	(FIRST)		(MIDDLE)	HOME PHONE	MOBILE F		
PRESENT ADDRESS (NUMBER)	(STREET)		(CITY)		(STATE)	(ZIP CODE)	
PREVIOUS ADDRESS (NUMBER)	(STREET)		(CITY)		(STATE)	(ZIP CODE)	
EMAIL ADDRESS							
2,2 , 1.55 . 1.200							
REFERRED BY: OUR ADVERTIS	EMENT EMPLOYME	NT AGENCY	FRIEND OR RELATIVE	N/A			
PLEASE LIST NAMES OF FRIENDS OR RE	ELATIVES NOW EMPLOYED B	Y THIS COMPANY:					
		EDU	CATION				
				CIRCLE LAST	. GRADU	ATE	
NAME AND LOCATION C	FSCHOOL		COURSE OF STUDY	YEAR ATTENDED	YES	NO	
HIGH SCHOOL		LIST EXTRA CUF	RRICULAR ACTVITIES	9 10 11 12			
COLLEGE OR UNIVERSITY		MAJOR:		1 2 3 4			
DUCINECS TECHNICAL OR OTHER TRAIL	NINC.	DEGREE:			Year of graduation		
BUSINESS, TECHNICAL OR OTHER TRAIL	VIIVG						
ARE YOU CURRENTLY STUDYING?	WHAT?		WHERE?		YOU PLAN YES		
□ NO				TO RETURN TO SCHOOL? NO			
	EN	//PLOYM	ENT DESIRED	•			
DO YOU HAVE RELIABLE TRANSPORTATION? WHEN CAN YOU REPORT FOR WORK? (DATE)				STARTING SALARY EXPECTED?			
EVER APPLY TO YES	WHAT TYPE OF EMPLOY	YMENT ARE YOU A	PPLYING FOR?	MAY WE CONTAC	T YOUR PRESENT EMPLO	OYER?	
THIS COMPANY NO BEFORE?				☐ YES			
DID YOU YES ATTEND A NO GROUP NO				□ NO			
INTERVIEW?	☐ FULL-TIME	☐ PART-TIME	☐ TEMPORARY				
IF YES, WHEN?	HOW MANY HOURS PER	R WEEK WOULD YO					

HOURS AVAILABLE

CIRCLE A.M. OR P.M. AND WRITE IN START AND END TIME

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME	A.M. P.M.						
END TIME	A.M. P.M.						

HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING MISDEMEANORS AND TRAFFIC OFFENSES)?

UNDITION OF A CRIME (EXCLUDING MISDEMEANORS AND TRAFFIC OFFENSES)?

NO IF YES, LIST CONVICTIONS:

(A CONVICTION DOES NOT NECESSARILY DISQUALIFY AN APPLICANT FOR THE POSITION BEING APPLIED FOR)

FORMER EMPLOYERS

GIVE INFORMATION REGARDING ALL PREVIOUS EMPLOYMENT - INCLUDING MILITARY SERVICE

EMBI OV	NAME & ADDRESS	DATES			NAME A BUONE NO. OF	PAYRATE	DE ACON FOR
EMPLOY- MENT	NAME & ADDRESS OF COMPANY	FROM	ТО	JOB TITLE	NAME & PHONE NO. OF SUPERVISOR	MONTHLY OR HOURLY	REASON FOR LEAVING
	1.	MO/YR	MO/YR				
PRESENT						/HR	
OR LAST						/MO	
	2.						
NEXT						/HR	
PREVIOUS						/MO	
	3.						
NEXT						/HR	
PREVIOUS						/MO	

PROFESSIONAL REFERENCES

(GIVE THE NAMES AND ADDRESSES OF THREE PERSONS WHO WE MAY CONTACT - NOT RELATIVES)

NAME	ADDRESS	PHONE	YEARS ACQUAINTED	OCCUPATION

I authorize investigation of all statements contained in this application. I release from all liability all persons, companies and corporations supplying such information, and I indemnify Netawaka Fitness Center (NFC) against any liability which might result from making such investigation. I understand that misrepresentation or omission of facts called for is cause for dismissal. If employed by NFC, and in consideration of my employment, I agree to conform to its rules and regulations, and I agree that my employment and compensation is for no definite period, regardless of the date of payment of my wages, and can be terminated with or without cause, and with or without notice, at any time at the option of either NFC or myself. If I am employed by NFC, depending upon the position for which I am hired, I understand that I may be required to sign a non-solicitation/non-interference agreement and/or a confidentiality agreement. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice, at any time by NFC, and that no representative of the group (other than its Chairman of the Board or President, and then only when in writing and signed by any one or both of them) has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

DATE		SIGNATURE					
		(1	DO NOT WR	RITE BELOW THIS LINE	E)		
DATE	INTERVIEWED	BY				POSITION CONSIDERED	
COMMENTS						1 ST REVIEW DATE	2 ND REVIEW DATE
EMPLOYEE #				SUPERVISOR:			
TYPING TEST SCORE	DE	PARTMENT	BAND/STE	P	DATE PLA	CED ON PAYROLL	SEMI-MONTHLY SALARY