

ALFSC Employment Application

Name:	
Address:	
Home Phone:	
Cell Phone	
Email:	

Job for which you are applying	
Can you work any shift?	yes no
Starting wage expected	

Beginning with the last or present employer, list all employers for whom you have worked, either full or part time.

Employment History

1. Employed	Name / Address of Employer	Supervisor's Name	Salary	# hr/ wk
From (Mo/Yr)				
to (Mo/Yr)				
Reason for Leaving:				

2. Employed	Name / Address of Employer	Supervisor's Name	Salary	# hr/ wk
From (Mo/Yr)				
to (Mo/Yr)				
Reason for Leaving:				

3. Employed	Name / Address of Employer	Supervisor's Name	Salary	# hr/ wk
From (Mo/Yr)				
to (Mo/Yr)				
Reason for Leaving:				

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Name:

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I am applying for a position with the ALFSC. If I am employed, I agree that my employment with the club is at the will of the club which means that the club has the right to discharge me for any reason or no reason with or without notice. I also understand I may be terminated or laid off at the discretion of the club. I agree to conform to the rules and I also agree that I shall be subject to other conditions which the club may adopt at its sole discretion.

I affirm that the information on this application is true and complete, and that intentional deception herein will result in disqualification or dismissal if employed.

Applicant's Signature:

Date: