

Thank you for your interest in joining our team! Please complete every section. You're welcome to attach a resume, but it doesn't replace this application. If you need an accommodation to complete this application or to take part in the hiring process, just let us know.

1 CONTACT INFORMATION

LEGAL FIRST NAME		LEGAL LAST NAME		PREFERRED NAME (OPTIONAL)	
STREET ADDRESS		APT. / UNIT	CITY	STATE	ZIP
PHONE	EMAIL		PREFERRED CONTACT METHOD ☐ Call ☐ Text ☐ Email		

2 POSITION

AREA(S) OF INTEREST — CHECK ALL THAT APPLY

☐ Front Desk / Member Services	☐ Membership Sales	☐ Personal Training
☐ Group Fitness Instruction	☐ Youth Programs / Coaching	☐ Childcare / Kids Programs
☐ Facilities / Maintenance	☐ Housekeeping	☐ Management / Administration

OTHER AREA OR SPECIFIC JOB TITLE (IF KNOWN)	DESIRED START DATE	HOURS PER WEEK DESIRED
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EMPLOYMENT TYPE — CHECK ALL THAT APPLY

☐ Full-time
 ☐ Part-time
 ☐ Seasonal / Temporary
 ☐ Substitute / On-call

HOW DID YOU HEAR ABOUT THIS OPPORTUNITY?

ARE YOU AT LEAST 18 YEARS OLD? ☐ Yes ☐ No	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? ☐ Yes ☐ No
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If you are under 18, New Jersey working papers will be required if you're hired. All new employees complete Form I-9 and provide documents verifying identity and employment authorization after hire.

3 WEEKLY AVAILABILITY

Check every time block you are generally available to work.

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning (open – 11 am)	☐	☐	☐	☐	☐	☐	☐
Afternoon (11 am – 4 pm)	☐	☐	☐	☐	☐	☐	☐
Evening (4 pm – close)	☐	☐	☐	☐	☐	☐	☐

SCHEDULING NOTES (E.G., SCHOOL SCHEDULE, OTHER COMMITMENTS, DATES UNAVAILABLE)

4 CERTIFICATIONS & CREDENTIALS

Some roles require specific certifications (e.g., personal training, group fitness, youth programs, CPR/AED). Copies will be requested if you're hired.

CPR / AED ☐ Current ☐ Expired ☐ None		CPR / AED EXPIRATION DATE	
CERTIFICATION / LICENSE 1	ISSUING ORGANIZATION	EXPIRATION DATE	
CERTIFICATION / LICENSE 2	ISSUING ORGANIZATION	EXPIRATION DATE	
CERTIFICATION / LICENSE 3	ISSUING ORGANIZATION	EXPIRATION DATE	

OTHER RELEVANT SKILLS OR TRAINING (SPECIALTIES, LANGUAGES, SOFTWARE, ETC.)

5 EDUCATION

SCHOOL / INSTITUTION 1	CITY, STATE	AREA OF STUDY	DEGREE (OR IN PROGRESS)
SCHOOL / INSTITUTION 2	CITY, STATE	AREA OF STUDY	DEGREE (OR IN PROGRESS)

6 RELEVANT EMPLOYMENT HISTORY

List your most recent position first. Relevant volunteer, coaching, or internship experience is welcome. Please do not include pay information.

EMPLOYER 1	JOB TITLE	START (MO/YR)	END (MO/YR)
SUPERVISOR NAME & PHONE	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? ☐ Yes ☐ No	
MAIN RESPONSIBILITIES			

EMPLOYER 2	JOB TITLE	START (MO/YR)	END (MO/YR)
SUPERVISOR NAME & PHONE	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? ☐ Yes ☐ No	
MAIN RESPONSIBILITIES			

EMPLOYER 3	JOB TITLE	START (MO/YR)	END (MO/YR)
SUPERVISOR NAME & PHONE	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? ☐ Yes ☐ No	
MAIN RESPONSIBILITIES			

7 PROFESSIONAL REFERENCES

Please list two people who know your work — supervisors, coworkers, coaches, or instructors — not relatives. We contact references only for finalists.

REFERENCE 1 NAME	RELATIONSHIP / TITLE	PHONE	EMAIL
REFERENCE 2 NAME	RELATIONSHIP / TITLE	PHONE	EMAIL

8 APPLICANT CERTIFICATION & SIGNATURE

I certify that the information in this application, and in any attached resume, is true and complete to the best of my knowledge. I understand that false or misleading information or significant omissions may disqualify me from consideration or, if I am hired, may lead to discipline up to and including termination. I authorize The Fort Athletic Club to verify the information I have provided and to contact the employers and references listed, except where I have indicated otherwise.

I understand that this application is not a contract of employment. If I am hired, my employment will be at-will, meaning either The Fort Athletic Club or I may end it at any time, with or without cause or notice, unless a written agreement signed by an owner of The Fort Athletic Club states otherwise.

APPLICANT SIGNATURE (SIGN, OR TYPE YOUR FULL NAME TO SIGN ELECTRONICALLY)	DATE
PRINTED NAME	

The Fort Athletic Club is an equal opportunity employer. We consider all qualified applicants without regard to race, creed, color, religion, national origin, nationality, ancestry, age, sex (including pregnancy and breastfeeding), sexual orientation, gender identity or expression, marital, civil union or domestic partnership status, familial status, disability, genetic information, liability for service in the U.S. Armed Forces, or any other characteristic protected by federal, state, or local law.

FOR OFFICE USE ONLY

Date received: _____ Reviewed by: _____ Interview date: _____ Status: _____