



CORPUS CHRISTI  
ATHLETIC CLUB

*\* Must be 18 years or older to apply.*

*In Order to ensure the safety of our Members and Employees,  
prior to employment, a background check will be required.*

*The Corpus Christi Athletic Club strives to maintain a Drug Free Environment.*

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Address: \_\_\_\_\_ APT # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Alternate Phone #: ( ) \_\_\_\_\_

Referred By: \_\_\_\_\_

If related to anyone in our company, please list:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

List times and days of availability: \_\_\_\_\_

Are you employed now? YES NO

If yes, may we inquire of your employer? YES

NO  
Have you ever applied with our company before? YES NO

If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, please explain:

**EDUCATION**

	NAME	LOCATION	GRADUATED	MAJOR SUBJECT
GRAMMAR SCHOOL			YES NO	
HIGH SCHOOL			YES NO	
COLLEGE/UNIVERSITY			YES NO	
TRADE/BUSINESS/ CORRESPONDENCE SCHOOL			YES NO	

Subjects of special interest, study or research work:

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**EMPLOYMENT HISTORY**

DATE (MONTH & YEAR)	NAME & PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:		START: END:		
FROM: TO:		START: END:		
FROM: TO:		START: END:		
FROM: TO:		START: END:		

**BUSINESS REFERENCES**

Please list four business references not related to you, whom you have known at least 1 year

NAME	BUSINESS	PHONE NUMBER	YEARS ACQUAINTED
		WORK: HOME:	
		WORK: HOME:	
		WORK: HOME:	
		WORK: HOME:	

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**I authorize investigation of all statements contained in this application including, but not limited to, a request from the Corpus Christi Athletic Club, Inc. to the State of Texas for a criminal history and central registry check. I understand that misrepresentation or omission of any facts called for on this application is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR OFFICE USE ONLY**

1<sup>st</sup> Interview By: \_\_\_\_\_ 2<sup>nd</sup> Interview By: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_

Part/Full Time: \_\_\_\_\_ Salary/Wages: \_\_\_\_\_ Will Report To: \_\_\_\_\_

