

APPLICATION FOR EMPLOYMENT (Must be 18 or older)

Interviewed by: _____
 Date of Interview: _____

THE OXFORD ATHLETIC CLUB

The Oxford Athletic Club is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin or non-job related disability.

Hired by: _____
 Position hired for: _____
 Rate of Pay: _____
 Start Date: _____

PERSONAL	
Last Name First Middle	Date
Street Address	Home Phone ()
City, State, Zip Code	
Position Applying For	
Have you ever applied for employment with The Oxford Athletic Club? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How were you referred to The Oxford Athletic Club?	
Have you ever worked for The Oxford Athletic Club or its affiliate companies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Dates _____ Location _____ Supervisor _____	
Are you applying for <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When will you be available to begin to work?	

EDUCATION			
SCHOOL	NAME/LOCATION OF SCHOOL	Please circle Years completed	WHAT DEGREE, IF ANY?
GRADUATE		1 2 3 4	
COLLEGE		1 2 3 4	
BUSINESS/TRADE TECHNICAL		1 2 3 4	
HIGH SCHOOL		1 2 3 4	

*IF YOU HAVE RELEVANT LICENSES, CERTIFICATIONS OR MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS, PLEASE FEEL FREE TO LIST THEM BELOW:

1. _____ 2. _____ 3. _____

EMPLOYMENT		Please give accurate, complete full-time and part time employment record. Start with your present or most recent employer.	
1	Company Name	Telephone ()	
	Address	Employed-(State month and year) From To	
	Name of Supervisor	Weekly pay Start Last	
	State Job Title and Describe Your Work	Reason for Leaving	
2	Company Name	Telephone ()	
	Address	Employed-(State month and year) From To	
	Name of Supervisor	Weekly pay Start Last	
	State Job Title and Describe Your Work	Reason for Leaving	
3	Company Name	Telephone ()	
	Address	Employed-(State month and year) From To	
	Name of Supervisor	Weekly pay Start Last	
	State Job Title and Describe Your Work	Reason for Leaving	

4	Company Name	Telephone ()
	Address	Employed-(State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

5	Company Name	Telephone ()
	Address	Employed-(State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employees listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____ _____

State whether you have ever been involuntarily terminated or suspended from any previous employment and describe the circumstances.

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying.		
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What was your previous address?	How long at present address? _____ Years
	How long at previous address? _____ Years

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?* Yes No If "Yes," describe in full.

*Factors such as age and time of the offense, seriousness, nature of the violation and rehabilitation will be taken into account.

State names of relatives and friends working for us:

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION	
S I G N A T U R E	By signing this Application for Employment, I certify that all information I have provided in this Application is true, correct and complete, to the best of my knowledge.
	By signing this Application, I hereby authorize the former and current employers listed on this Application to provide to The Oxford Athletic Club any and all information concerning my performance as an employee, including the circumstances of my departure. I agree that neither The Oxford Athletic Club nor the providers of information will be violating my right to privacy in any manner. I release The Oxford Athletic Club and my current and prior employers from any and all liability arising out of such release of information, regardless of the content of such information.
	By signing this Application, I UNDERSTAND AND AGREE THAT, IF I AM EMPLOYED, I SHALL BE EMPLOYED ON AN AT-WILL BASIS. I understand that "at-will basis" means that I will have the right to terminate the employment relationship, if any, at any time and for any reason, with or without cause, and that The Oxford Athletic Club will have the same right to terminate the employment relationship, if any, at any time and for any reason, with or without cause. I understand that no one other than the General Manager of The Oxford Athletic Club may enter into any agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the General Manager.
	By signing below, I verify that I have read the above Conditions. I understand them and agree to them.
_____	_____
Date	Signature

We are required to with hold municipality tax for employees residing and working in Pine Township.

Do you reside in Pine Township? YES NO

OXFORD ATHLETIC CLUB AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS AND CRIMINAL BACKGROUND RECORDS

Applicants Must Read and Sign

I _____ **UNDERSTAND** that, pursuant to the Fair Credit Reporting Act ("FCRA"), Oxford Athletic Club (the "Company") and/or its successors, affiliates, or representatives will obtain a consumer report on me for employment purposes, and that such consumer report may include a background check for criminal record history. I also understand that during the time of my employment with the Company, the Company may from time to time obtain further consumer reports for employment purposes, so as to update, renew, or extend my employment. I understand that this authorization provides my consent to the Company to obtain such consumer reports on me for employment purposes, now and at any time in the future while employed by the Company, without further notice to me.

I **UNDERSTAND** that a consumer report is any report (whether written, oral, or through other communication) of any information by a consumer reporting agency bearing on my credit worthiness, credit standing, credit capacity, criminal record history, character, general reputation, personal characteristics or mode of living that is used or expected to be used or collected in whole or in part for the purpose of evaluating me for employment purposes, including but not limited to hire, promotion, demotion or termination purposes. I understand that the Company will notify me upon my request of whether the Company received a consumer report on me for employment purposes, and that the Company will notify me upon my request of the name and address of the consumer reporting agency that furnished the report.

I **UNDERSTAND** that the Company may also obtain investigative consumer reports on me for employment purposes. I understand that an investigative consumer report involves obtaining information by personal interviews with acquaintances or associates or others with whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and the scope of any such report.

I hereby **AUTHORIZE** the Company to obtain consumer reports, criminal background records, and investigative consumer reports on me for employment purposes, now and at any time in the future while I am employed by the Company, without further notice to me. I acknowledge that I have received a summary of my rights under the FCRA.

EMPLOYEE/APPLICANT SIGNATURE

DATE

Full Name: _____
(First) (Middle) (Last)

Other Names Used/Dates: _____

Telephone: _____ Soc. Sec. Number: _____

Current Address: _____
(Street)

(City) (State) (Zip Code)

A Summary of Your Rights Under the Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u, at the Federal Trade Commission’s Web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data—of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your files unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to the CRA – that you dispute an item, they may not then

report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be kept off indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, Creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 (202) 326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initial "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance management, Mail stop 6-6 Washington, DC 20219 (800) 613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 (202) 452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in the federal institutions name.	Office of Thrift Supervision Consumer Programs Washington, DC 20552 (800) 842-6929
Federal Credit Unions (words "Federal Credit Union" appear in the institutions name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 (703) 518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer affairs Washington, DC 20590 (800) 934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 (202) 366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 (202) 720-7051