

**INTERNATIONAL TENNIS CORPORATION d/b/a FRANKLIN ATHLETIC CLUB
APPLICATION FOR EMPLOYMENT**

PLEASE PRINT

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Days/hours available to work

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you currently employed? Yes No

If yes, where? _____

Are you on lay-off and subject to recall? Yes No

Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Have you ever had attendance problems at any of your prior employment positions? Yes No

Are you able to perform the duties of this job with or without any accommodations? Yes No

Have you ever been bonded? Yes No

If yes, explain: _____

Have you ever been denied bonding? Yes No

If yes, explain: _____

Have you been convicted of a felony and/or misdemeanor in the last seven (7) years? Yes No

If yes, explain: _____

Are any felony charges currently pending against you? Yes No

Name, address and telephone number of the person to be contacted in the event of an accident or emergency: _____

_____ (_____) _____

Have you served in the U.S. Armed Forces? Yes No

If yes, period of active duty: From _____ To _____
Branch of Service: _____
Rank at Discharge: _____ Date of Final Discharge: _____
Describe your duties and any special training: _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities advancements/promotions
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ Per	
Employer	Telephone ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities advancements/promotions
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ Per	
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Immediate Supervisor and Title		\$ Per	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or class Rank and E. Major and minor field of study (if applicable).

A. School	B. No Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak Only

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List all professional licenses held by you. _____

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

Did you complete this application yourself? Yes No

BACKGROUND CHECK, CREDIT CHECK AND MEDICAL TESTING AUTHORIZATION

PLEASE READ CAREFULLY

I certify that all the information contained in this application (and accompanying resume and notes, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions - oral or written - may result in immediate dismissal from, or refusal of, employment if discovered at a later date.

I authorize International Tennis Corporation d/b/a Franklin Athletic Club ("Franklin") to investigate all statements contained in this application, including records of any former employers, doctors, hospitals, police departments, and other references, sources or services concerning me. I authorize all such references, sources, and services (and Franklin) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by any state or federal laws.

I understand that to process my application, Franklin, its agents, affiliates and/or assigns, may request a consumer report or investigative consumer report concerning my character, general reputation, personal characteristics, mode of living, credit worthiness and criminal record. I understand that my permission is required pursuant to the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq. and that opportunity to consent may be given by execution of a Notification and Authorization to Conduct Employment Background Investigation.

Should I receive a conditional offer of employment, I agree to submit to a physical and/or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to Franklin.

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask Franklin to attempt to make a reasonable accommodation for it. I must make my request to the Human Resources Department as soon as possible after I know or reasonably should know that accommodation is needed.

I hereby give my consent for Franklin, through an authorized testing service of its choice, to collect blood, urine or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, and I hereby release Franklin from any liability arising out of such test or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized Franklin management for appropriate review. If I am accepted for employment by Franklin, I hereby consent to be tested in the above manner during my employment when, in Franklin's judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Franklin substance abuse policy is a condition of my employment.

I agree that any action or suit against Franklin arising out of this application, the application process and, if hired, my employment with Franklin, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I expressly waive any statute of limitation periods to the contrary.

If I am hired, I agree to follow the rules and regulations of Franklin. I understand that all employees of Franklin are employed on an at will, indefinite basis and are subject to termination at any time, with or without prior notice, discipline or warning, for any or no reason. No person other than the CEO or CFO of Franklin has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the CEO or CFO of Franklin.

Date: _____

Applicant's signature
Printed name: