



3660 N. GUION ROAD
 INDIANAPOLIS, IN 46222
 317-920-7400
 317-920-7404 FAX
 www.healthplex-indy.com

FOR OFFICE USE ONLY		
DEPARTMENT	DATE OF HIRE	
JOB TITLE	POSITION NO.	
SHIFT	HRS/WK	P T
RATE	PHYSICAL	

APPLICATION FOR EMPLOYMENT

NAME - LAST	FIRST	MIDDLE	HOME PHONE	CELL PHONE
FULL MAILING ADDRESS		CITY AND STATE		ZIP CODE
ARE YOU OVER 16 OR DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE A LEGAL RIGHT TO WORK AND/OR REMAIN IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW WERE YOU REFERRED TO THE WESTVIEW HEALTHPLEX SPORTS CLUB? <input type="checkbox"/> AD <input type="checkbox"/> AGENCY <input type="checkbox"/> IN-CLUB <input type="checkbox"/> SCHOOL <input type="checkbox"/> FRIEND <input type="checkbox"/> INTERNET <input type="checkbox"/> OTHER:				
WHO SHOULD BE NOTIFIED IN THE EVENT OF AN EMERGENCY? (FULL NAME AND TELEPHONE NUMBER)				
WOULD YOU BE WILLING TO SERVE AS AN INTERPRETER OF A FOREIGN OR SIGN LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY LANGUAGE:				
IF YES, GIVE DATE AND NATURE OF VIOLATION:				
DO YOU SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE NOTE: WESTVIEW MEDICAL CAMPUS IS A SMOKE-FREE CAMPUS.		ARE YOU A MEMBER OF WESTVIEW HEALTHPLEX SPORT CLUB NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO FORMER MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER WORKED FOR WESTVIEW HEALTHPLEX OR WESTVIEW HOSPITAL BEORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE(S) EMPLOYED: POSITION(S) HELD:				

EDUCATION

SCHOOLS ATTENDED	NAME AND ADDRESS OF SCHOOL	MAJOR STUDIES	CIRCLE LAST YEAR COMPLETED	LAST YEAR ATTENDED	CERT/DEGREE RECEIVED
HIGH SCHOOL			1 2 3 4		
BUSINESS/TECHNICAL			1 2 3 4		
COLLEGE/UNIVERSITY			1 2 3 4 5		

POST GRADUATE WORK WHEN:	COURSES TAKEN:	WHERE:
SUBJECTS TAKEN WICH PERTAIN TO WORK DESIRED:		CURRENT EMAIL ADDRESS:
TYPING SPEED	STENO SPEED	SPECIAL EQUIPMENT OR OFFICE MACHINES YOU OPERATE:

MILITARY

HAVE YOU EVER SERVED IN THE ARMED FORCES? IF YES, DATE ACTIVE DUTY STARTED:	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF DISCHARGE:
HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION? IF YES, EXPLAIN:	<input type="checkbox"/> YES <input type="checkbox"/> NO

SHIFT PREFERENCE 1) 2)	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	DESIRED SALARY
DATE AVAILABLE FOR WORK:		

NO APPLICANT FOR EMPLOYMENT WILL NECESSARILY BE REJECTED BECAUSE OF A CRIMINAL OFFENSE. THE DATE AND THE NATURE OF THE OFFENSE, THE REQUIREMENTS OF THE POSITION FOR WHICH CONSIDERED, AS WELL AS THE APPLICANTS OTHER QUALIFICATIONS WILL BE CONSIDERED.

(CONTINUED ON OTHER SIDE)

NAME - LAST

FIRST

MIDDLE

POSITION(S) APPLIED
1.
2.

DATE

PUBLIC LAW 91-508 requires that we advise you that a routine inquiry may be made during our initial or subsequent processing of your application.

DO NOT SIGN THE FOLLOWING AUTHORIZATION UNLESS YOU UNDERSTAND IT.

I HEREBY authorize Westview Healthplex Sports Club to investigate my record and work qualification, including my former employers and my present employer. I also authorize any present and past employee or other individuals to furnish any information concerning my personal character, habits or employment records to Westview Healthplex Sports Club and release these persons from all liability in furnishing such information. I also authorize Westview Healthplex Sports Club the same information to future employers, the appropriate licensing agencies, and others and release it from all liability in furnishing such information.

I CERTIFY the facts set forth in my application for employment are true and complete and include all prior and present employers. I understand that if employed, any false statements on this application may result in immediate dismissal regardless of the date of discovery.

I UNDERSTAND that if I am employed by Westview Healthplex Sports Club, the employment relationship will be terminable at will, with or without notice or cause by other party, notwithstanding any other statement by Westview Healthplex Sports Club before, at or following dates of employment unless reduced to writing and signed by the Executive Director of Westview Healthplex Sports Club. I also understand that the terms and conditions of my employment may be changed by Westview Healthplex Sports Club at any time, with or without notice or cause.

I AGREE to submit to a physical examination after an offer of employment has been made to me. In the event the physical examination discloses physical or mental conditions which prevent me from performing the essential functions of my job with or without accommodation, I understand that Westview Healthplex Sports Club may withdraw its offer of employment.

I AGREE that if I apply for certain positions within the Westview Healthplex Sports Club, Westview Healthplex Sports Club may be required to request a limited criminal history as mandated by the state. If I have been convicted of certain crimes (as defined by the Indiana Code,) I will not be permitted to start work or I will be terminated immediately.

Signature of Applicant: _____ Date: _____

EMPLOYMENT RECORD START WITH YOUR PRESENT OR LAST POSITION

FIRM NAME		FULL ADDRESS	
TELEPHONE NO.	DATES EMPLOYED	TITLE	SALARY: (received by week)
TYPE OF BUSINESS		NAME OF IMMEDIATE SUPERVISOR	
NATURE OF WORK PERFORMED			
REASONS FOR LEAVING OR DESIRING A CHANGE			

FIRM NAME		FULL ADDRESS	
TELEPHONE NO.	DATES EMPLOYED	TITLE	SALARY: (received by week)
TYPE OF BUSINESS		NAME OF IMMEDIATE SUPERVISOR	
NATURE OF WORK PERFORMED			
REASONS FOR LEAVING OR DESIRING A CHANGE			

FIRM NAME		FULL ADDRESS	
TELEPHONE NO.	DATES EMPLOYED	TITLE	SALARY: (received by week)
TYPE OF BUSINESS		NAME OF IMMEDIATE SUPERVISOR	
NATURE OF WORK PERFORMED			
REASONS FOR LEAVING OR DESIRING A CHANGE			

DO NOT WRITE BELOW THIS LINE

DEPARTMENT INTERVIEWER: _____

POSITION OFFER	SHIFT
SALARY	STARTING DATE
REMARKS	

INTERVIEWED BY: _____ DATE _____