



## Health Masters Club Mission Statement

To promote the well-being of children and their families by advocating a healthy lifestyle through education, training, and community outreach.

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### HEALTH MASTERS CAMP/CLUB VOLUNTEER & STAFF APPLICATION

**FOR INTERNAL USE ONLY:**

Background Check     Employment Verification     Education Verified   
Recommended     Not Recommended

**Personal Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Employment Desired:**

Position \_\_\_\_\_ Available Date \_\_\_\_\_ Desired Salary: \_\_\_\_\_

**Education**

HS/GED: \_\_\_\_\_ AA/AS: \_\_\_\_\_ MA/MS: \_\_\_\_\_ PhD: \_\_\_\_\_ Other: \_\_\_\_\_

Name & Location of School: \_\_\_\_\_ Did you graduate?: \_\_\_\_\_

**Employment History (List below previous four employers, starting with most recent.)**

<i>Date</i>	<i>Name/address</i>	<i>Supervisor/Phone</i>	<i>Position/Salary</i>	<i>Reason for leaving</i>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been convicted of any crime, including sex-related or child-abuse related offenses (if yes, please explain): \_\_\_\_\_

**References (List 3 persons whom you have know at least one year, unrelated to you)**

<i>Name</i>	<i>Address/Phone</i>	<i>Years Known</i>	<i>Business</i>
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_____	_____	_____	_____
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## BACKGROUND INVESTIGATION CONSENT FORM

I, \_\_\_\_\_, hereby authorize Health Masters Club, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained in my application and/or obtaining other information which may be material to my qualifications for employment now, and if applicable, during the tenure of my employment or volunteer experience with Health Masters Club, Inc.

I release the Health Masters Club, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal. I further understand that this is an application for employment and that no employment contract is being offered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

### Please Print or Type

Full Name: \_\_\_\_\_

(Please include maiden or other names used)

Present Address \_\_\_\_\_

(Please give street address, not P.O.Box)

Length of time at this address: \_\_\_\_\_ Months \_\_\_\_\_ Years

*Please note this information is required for identification purposes only, and is in no manner used as qualifications for employment. Health Masters Club, Inc. is an Equal Opportunity Employer, and does not discriminate on the basis of sex, race, religion, age, handicap or national origin.*

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_ Sex \_\_\_\_\_

