



# Application for Meeting Room Employment

**Instructions:** Please print or type and complete this application in detail. No information, which is prohibited by law, is requested or need be supplied. All information given will be held in strict confidence.

## PERSONAL DATA

Name			Today's date	
Street address		City	State	ZIP Code
E-mail address	Phone number (home)	Access to computer & internet? <input type="checkbox"/> Yes <input type="checkbox"/> No		Position preference: <input type="checkbox"/> Leader
Other skills including bilingual ability (specify)	Phone number (cell)	Driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Receptionist <input type="checkbox"/> Not sure

## LIFETIME MEMBERSHIP & OTHER INFORMATION

Current Lifetime Member <input type="checkbox"/> Yes <input type="checkbox"/> No	Date reached Lifetime	Meeting location/day/time
Where did you hear about this position?	Name of person who referred you	Leader's name

## WORK AVAILABILITY

Please enter an "X" in the time and day slots where you are currently available to work.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:30 am to 8:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 am to 11:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 am to 2:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 pm to 5:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00 pm to 7:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:00 pm to 9:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.

## EDUCATION

	NAME & LOCATION	NUMBER OF YEARS COMPLETED	DEGREE EARNED
High school			
Business or technical			
College			
Graduate school			

## EXPERIENCE

Present or most current company name*		Type of business	
Street address		City	State ZIP Code
DATES		SALARY/COMMISSION	
Starting		TITLE & DESCRIPTION	
Final or present			
Duties		Supervisory experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last immediate supervisor's name
Explain reason for desiring change.			

\*Voluntary experience may be used in place of or in addition to work experience.

Previous company name		Type of business	
Street address		City	State ZIP Code
DATES		SALARY/COMMISSION	
Starting		TITLE & DESCRIPTION	
Final or present			
Duties		Supervisory experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last immediate supervisor's name
Explain reason for departure.			

I hereby authorize the Company to fully investigate my record and work qualification either before (except present employer) or after my employment (all employers) and to facilitate such investigation. I also hereby authorize any persons having knowledge thereof, to give such information to the Company upon request.

I hereby represent, unless disclosed above, that neither currently, nor at any time within the past six months, have I been employed by or worked on behalf of any other weight loss organization.

I certify that all statements made by me on this application for employment are true and correct to the best of my knowledge and belief, and agree that if employed, any misrepresentation, falsification or omission of facts therein, shall justify my dismissal.

I understand that if employed by the Company, such employment is not for any definite period but may be terminated by either party at any time.

**I have read and understand the foregoing.**

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**For Maryland applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

**For Massachusetts applicants:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Smoking is prohibited in all Weight Watchers facilities.