



# RIVERSIDE

HEALTH CLUB

2225 Riverside Dr., Mount Vernon, WA 98273 · 360-424-4200  
632 Sunset Park Dr., Sedro Woolley, WA 98284 · 360-854-9285

---

## To all job applicants,

Thank you for applying to be a member of the elite team at Riverside Health Club.

What makes our team elite? Many staff positions require specific levels of education and require maintenance of a certain fitness level. All positions require an understanding that members are our priority. Staff must have good personal skills, be friendly and service-oriented with a helpful attitude. Because we care about our members, we require punctuality and articulate phone and oral communication skills. An employee should have a neat, clean professional appearance and dress according to dress code.

The quality of staff at Riverside Health Club ensures that members' needs are met. We expect staff to be dependable, flexible, honest, trustworthy, courteous, respectful, kind, cheerful, moral and ethical.

We always accept applications, even when we are not hiring. Your application will be kept on file for 3 to 4 months.

Please attach your resume if applicable.

Thank you for taking the time to come in and apply.

Karen L. Westra  
Denise L.H. Skelton  
Owners

Riverside Health Club: An equal opportunity employer



# Employment Application

As an equal opportunity employer, RHC does not discriminate in hiring or terms and conditions of employment because of an individual's race, creed, color, sex, age, disability, ancestry or national origin. RHC only hires individuals authorized for employment in the United States.

Position Applying for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_  
Last First M.I.

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

Phone #: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have the legal right to live and work in the U.S.? Yes ↑ No  
(proof of citizenship, visa, or alien registration number will be required upon hiring)

Are you at least 18 years old? Yes ↑ No

Are you currently attending school? Yes ↑ No

Are you currently working another job? Yes ↑ No

Hours per week available: Less than 20 20 to 30 30 or more

Are there shifts, hours, or days you cannot work? ↑ Yes ↑ No

If yes, list: \_\_\_\_\_  
(please note: this information will not necessarily disqualify or exclude you for employment.)

Have you previously been employed with Riverside Health Club? Yes ↑ No

Department(s): \_\_\_\_\_

How did you find out about this employment opportunity? \_\_\_\_\_

Why do you want to work at RHC? \_\_\_\_\_

\_\_\_\_\_



## Employment History

List below present and past employment, beginning with the most recent. Also, describe supplementary experience/training which relates to the position for which you are applying (i.e., part-time employment, unpaid or volunteer services, and military service).

Name of employer: \_\_\_\_\_

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

May we contact this employer? Yes  No  Immediate Supervisor: \_\_\_\_\_

Your title: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

Name of employer: \_\_\_\_\_

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

May we contact this employer? Yes  No  Immediate Supervisor: \_\_\_\_\_

Your title: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

Name of employer: \_\_\_\_\_

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

May we contact this employer? Yes  No  Immediate Supervisor: \_\_\_\_\_

Your title: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

Name of employer: \_\_\_\_\_

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

May we contact this employer? Yes  No  Immediate Supervisor: \_\_\_\_\_

Your title: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

## Employment History

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omission will be immediate grounds for dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, employment and education background, and criminal record, whichever may be applicable. I understand what this investigation may include and I hereby release from liability former persons providing such information and authorize the release of documents, and personal interview with third parties, such as prior employers, family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I further understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

It is understood that, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical, substance abuse, or other, as may be required by the company. The company will pay the reasonable cost of any such examination which may be required.

I understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the employer in any way if the employer if the employer decides to employ me.

**If I am hired, I agree that my employment and compensation can be terminated with or without cause and without notice, at any time, at the option of Riverside Health Club management. I understand that, unless modified by written agreement, signed both by me and the owner(s) of the company, no manager or other representative of RHC has the authority to make any agreement contrary to the foregoing, or to enter into any agreement for employment for a specified period of time, or to make any agreement contrary to other policies and practices of RHC.**

I have read and affirm as my own the above statements.

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

## D.I.S.C. Simple Assessment

In the spaces below, identify those behaviors which are MOST and LEAST characteristics of you in an identified situation (in this case, your behavior in a fitness setting). Working left to right, assign 4, 3, 2, and 1 to each characteristic behavior: 4 representing the most and 1 the least. **Use each number only once.**

- Read the options from left to right going across the sheet.
- It helps to cover up the sheet and disclose one line at a time.
- Go with your first thought. Avoid overanalyzing. Be honest with yourself.

<u>    </u> Directing	<u>    </u> Influencing	<u>    </u> Steady	<u>    </u> Cautious
<u>    </u> Self-Certain	<u>    </u> Optimistic	<u>    </u> Deliberate	<u>    </u> Restrained
<u>    </u> Adventurous	<u>    </u> Enthusiastic	<u>    </u> Predictable	<u>    </u> Logical
<u>    </u> Decisive	<u>    </u> Open	<u>    </u> Patient	<u>    </u> Analytical
<u>    </u> Daring	<u>    </u> Impulsive	<u>    </u> Stabilizing	<u>    </u> Precise
<u>    </u> Restless	<u>    </u> Emotional	<u>    </u> Protective	<u>    </u> Doubting
<u>    </u> Competitive	<u>    </u> Persuading	<u>    </u> Accommodating	<u>    </u> Curious
<u>    </u> Assertive	<u>    </u> Talkative	<u>    </u> Modest	<u>    </u> Tactful
<u>    </u> Experimenting	<u>    </u> Charming	<u>    </u> Easy-going	<u>    </u> Consistent
<u>    </u> Forceful	<u>    </u> Sensitive	<u>    </u> Sincere	<u>    </u> Perfectionist
<u>    </u> <b>Total</b>	<u>    </u> <b>Total</b>	<u>    </u> <b>Total</b>	<u>    </u> <b>Total</b>