

# FITNESS TOGETHER



1 Client 1 Trainer 1 Goal

## APPLICATION FOR EMPLOYMENT

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

# FITNESS TOGETHER

-An Equal Opportunity Employer-

## APPLICATION FOR EMPLOYMENT

We are pleased that you are interested in employment with us. We offer equal opportunities to all persons without regard to race, color, creed, religion, gender, age, marital status, national origin, non-job related, mental or physical disability, sexual orientation, veteran's status, or any other legally protected classification. **To be considered as an applicant, you must complete this application in its entirety. Applications which are incomplete or illegible will not be considered.** A resume may also be attached. Please answer all questions honestly since all statements made by you may be checked for accuracy. Your application will be given every consideration. However, acceptance of this application does not imply a commitment of employment. This application for employment will remain active for ninety (90) days. After ninety days, applicants must submit another application to be considered for employment. Please print except for your signature.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Have you ever used another name?  Yes  No If "Yes", please explain: \_\_\_\_\_

Position you are applying for : \_\_\_\_\_ Date of Application: \_\_\_\_\_

Please list your addresses of residency for the last three (3) years.

Current Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip Code

Previous Addresses: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip Code

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address (Optional): \_\_\_\_\_

Cell Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employment Desired:  Full-Time Only  Part-Time Only  Full or Part-Time  Temporary Only

What is your minimum desired salary? \$ \_\_\_\_\_ Date Available to start \_\_\_\_\_

Have you ever been employed by Fitness Together?  Yes  No If "Yes", dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Location: \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Do you have any relatives who currently work for Fitness Together?  Yes  No If "Yes", please indicate name, relation to you and work location: \_\_\_\_\_

How were you referred to Fitness Together?  Employee (name) \_\_\_\_\_  Newspaper  
 Employment Agency  Walk-In  School  Internet Search  Other \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

Are you willing to work overtime, if required?  Yes  No

Can you travel if the job requires it?  Yes  No

Do you have reliable transportation to work?  Yes  No

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

Please indicated the number of days you were absent from work last year: \_\_\_\_\_

Have you ever been fired or forced to resign from previous employment?  Yes  No

If "Yes", please explain \_\_\_\_\_

Are you currently authorized to work in the United States?  Yes  No

Please note that proof of citizenship or immigration status will be required upon employment

Have you ever served in the United States Armed Forces?  Yes  No

Branch of Service: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

## EDUCATION

| Type of School              | Name of School | Location<br>(complete address) | Number of Yrs.<br>Completed | Graduate<br>Yes/No                                 | Major and<br>Degree  |
|-----------------------------|----------------|--------------------------------|-----------------------------|--|--|
| High School                 |                |                                |                             | <input type="radio"/> Yes <input type="radio"/> No | GED: <input type="radio"/> Yes<br><input type="radio"/> No |
| Undergraduate<br>College    |                |                                |                             | <input type="radio"/> Yes <input type="radio"/> No |  |
| Graduate School             |                |                                |                             | <input type="radio"/> Yes <input type="radio"/> No |  |
| Business or Trade<br>School |                |                                |                             | <input type="radio"/> Yes <input type="radio"/> No |  |
| Professional<br>School      |                |                                |                             | <input type="radio"/> Yes <input type="radio"/> No |  |

## DRIVING / CRIMINAL HISTORY

Do you have a valid Driver's License?  Yes  No (If applying for a position in which driving is expected)

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Have you had any accidents in the last three (3) Years?  Yes  No How Many? \_\_\_\_\_

Have you had any moving violations in the last three (3) Years?  Yes  No How Many? \_\_\_\_\_

Have you ever been convicted of a crime?\*  Yes  No If "Yes", please explain number of conviction(s), nature of offenses(s) leading to conviction(s), how recently such offence(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\*A conviction record will not necessarily be a bar to employment and Fitness Together will consider the circumstances of the conviction and will determine whether they substantially relate to the circumstances of the particular job applied for.

## EMPLOYMENT HISTORY

Please list your work experience beginning with your present or most recent job held. Include any job-related military assignments and volunteer activities. If more space is required, please continue on a separate sheet. You may attach a resume, but DO NOT use references such as "see resume" in place of completing this section.

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

Salary: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

Salary: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

Salary: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

Salary: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## ADDITIONAL QUALIFICATIONS

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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## REFERENCES

Please list three (3) persons other than personal friends or relatives who we may contact:

1. Name \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Check one:  Past Employer  Other

2. Name \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Check one:  Past Employer  Other

3. Name \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Check one:  Past Employer  Other

## APPLICATION FORM WAIVER

-Please Read the Following Carefully-

In exchange for the consideration of my job application by Fitness Together (hereby called, "the Company"), I agree that:

The acceptance of this application shall not be construed as an offer of employment, nor shall it entitle the applicant to any benefit from the Company except that the Company may review the application for the consideration of hiring decisions of positions that are open at the time and date of application.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy/procedure statements, and the like as they may exist from time to time, or any other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company.

If an employment relationship is entered into; the undersigned and the Company may end that relationship at any time, with or without any notice, reason or cause. The Company may unilaterally change or revise benefits, policies, procedures and such changes may include a reduction in benefits and compensation.

### Understanding of Verification of Facts

As part of the application process, the Company may conduct an investigation of all statements contained in this application. The misrepresentation or intentional omission of facts in this application may result in refusal to hire or subsequent dismissal if discovered after hire. Your signature below acknowledges that the Company may contact schools, previous employers, references and others, and hereby releases the Company from any liability as a result of such contact.

### Understanding of Drug Policy

The Company is a Drug Free Workplace in accordance with the Drug Free Workplace Act of 1998. You should be aware that:

1. The Company has a drug and alcohol policy that requires pre-employment testing as well as testing after employment.
2. Consent to and compliance with such policy is a condition of employment.
3. Continued employment (if obtained) is based on successful passing of testing under such policy.

### Understanding of Background Check

As part of the application process, the Company may request from a reporting agency, an investigative report including, but not limited to, information as to your criminal background and motor vehicle record. Written authorization to release this information will be required before the Company will consider your application for employment. I understand that the Company may withdraw the job offer based on the results only as permitted by state and federal laws.

My signature affirms that I have read, understand and agree to the terms and conditions of this application.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_