

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Today's Date: _____ MNGR: _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. _____	
PRESENT ADDRESS / APT#	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	DATE OF BIRTH / / (must be age 17 or over)	CHECK ONE PLEASE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	REFERRED BY:
NEAREST RELATIVE: NAME AND PHONE # HOME PHONE () -		CELL PHONE () -	HOME PHONE () -

EMPLOYMENT DESIRED

POSITION		DATE (OR) TIME YOU CAN START	
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO SUPV. NAME _____	CONTRACT EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE THE APPROX DATE.....AND WERE YOU EVER CONTACTED?	SALARY PER _____ \$ _____	

FORMER EMPLOYERS (LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH CURRENT)

DATE: MONTH AND YEAR	COMPANY NAME AND ADDRESS	SALARY / SUPV NAME	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	PRIMARY SUBJECTS	DIPLOMA / CERTIFICATION
High School				
College				
Health & Fitness Academy				
On-Line Education				

REFERENCES

NAME	ADDRESS	BUSINESS	YEARS KNOWN

GENERAL INFORMATION

PERSONAL TRAINING CERTIFICATIONS? IF YES, PLEASE LIST AGENCY	1. HAVE YOU BEEN ARRESTED IN THE LAST 5 YEARS? _____ 2. HAVE YOU HAD YOUR LICENSE SUSPENDED? _____ 3. DO YOU USE TOBACCO PRODUCTS? _____
LIST CERTIFICATIONS, LICENSE(S), AWARDS, HONORS OR WORK RELATED SKILLS TOWARDS FITNESS, NUTRITION, OR CHILDCARE	
U.S. MILITARY OR GOVERNMENT SERVICE (INCLUDE RANK)	Resume? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have. Personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I agree to release the information specified on this form except any disability related or medical information in a manner prohibited by the ADA (American Disability Act) and other relevant federal and state laws."

Signature of Applicant_____
Today's Date**DO NOT WRITE BELOW THIS LINE****EMPLOYER REMARKS**

Date Hired _____ Position _____ Full Time _____ Part Time _____
Salary/Wages \$ _____ per hr Per Session \$ _____ Percentage _____ % Reporting Time _____ am / pm

Approval: 1. _____ 2. _____ 3. _____
Interviewed By Manager Supervisor