

# CREEKSIDE FITNESS & HEALTH CENTER

## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

### PERSONAL INFORMATION

\_\_\_\_\_ Social security No. \_\_\_\_\_  
Last name First name

\_\_\_\_\_ Street  
Address \_\_\_\_\_

\_\_\_\_\_ City State Zip

Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_

Specify days and hours \_\_\_\_\_

List of volunteer or community service positions which you feel are related to the position for which you are applying

\_\_\_\_\_  
\_\_\_\_\_

Briefly state any special skills or qualifications you have which you feel are related to this position for which you are applying \_\_\_\_\_

Were you previously employed by us?  YES  NO If yes, when? \_\_\_\_\_

List any friends or relatives working for us \_\_\_\_\_

Name Relationship

\_\_\_\_\_  
Name Relationship

Are you over the age of 18?  YES  NO

(If not, you will be required to have a work permit)

Have you ever been convicted of a felony?  YES  NO

(A conviction of a criminal offense will not necessarily preclude your employment)

If yes, describe in full \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If your application is considered favorable, on what date will you be available for work? \_\_\_\_\_

## RECORD OF EDUCATION

### High school

Name \_\_\_\_\_ Course of study \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Circle last year completed      9      10      11      12

Did you graduate               YES               NO              List diploma or degree \_\_\_\_\_

### College

Name \_\_\_\_\_ Course of study \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Circle last year completed      1      2      3      4

Did you graduate               YES               NO              List diploma or degree \_\_\_\_\_

### Other (specify)

Name \_\_\_\_\_ Course of study \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Circle last year completed      1      2      3      4

Did you graduate               YES               NO              List diploma or degree \_\_\_\_\_

### MILITARY SERVICE

Were you in U.S. Armed Forces?       YES               NO              If yes, what branch? \_\_\_\_\_

Dates of duty              From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_              To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rank of discharge \_\_\_\_\_

**PERSONAL REFERENCES**

DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street

Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street

Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**EMPLOYMENT RECORD**

LIST ALL PRESENT AND PAST POSITIONS, BEGINNING WITH THE MOST RECENT

Company \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
Street

Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Describe in detail the work you did \_\_\_\_\_

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

Company \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
Street

Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Describe in detail the work you did \_\_\_\_\_

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

Company \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
Street

Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Describe in detail the work you did \_\_\_\_\_  
\_\_\_\_\_

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

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Describe in detail the work you did \_\_\_\_\_  
\_\_\_\_\_

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

Have you ever been bonded?  YES  NO

If yes, what jobs? \_\_\_\_\_

May we contact the employers listed above  YES  NO

If no, indicate which employers you do not wish us to contact \_\_\_\_\_

This institution does not discriminate in hiring or in any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, veteran status or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physician examination which relates to the essential duties that I would be required to perform. I also understand that an offer of employment may be contingent on passing a drug test and a criminal background check.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility of employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date