



Thank you for your interest in a position with Zip Fitness

Please fill out the following employment application and return by email
or drop off at the store where you would like to apply for a position.



(An Equal Opportunity Employer)

EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT ALL INFORMATION (except for signature)

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____
Address: _____ Apt Number: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____
Email: _____ SSN: [] [] [] - [] [] - [] [] [] []

DAYS AND HOURS AVAILABLE:

Mon from ____ to ____ Mon from ____ to ____ Sat from ____ to ____
 Tues from ____ to ____ Fri from ____ to ____ Sun from ____ to ____
 Wed from ____ to ____ Date you are available to start work: _____

Are you at least 18 years old? Yes No
Have you ever been employed by Zip Fitness? Yes No
If yes, under what name? _____ When and where? _____

How did you hear about the position? _____
 Referred by current employee: _____
 Friend/family Advertisement School Other (explain): _____

WORK EXPERIENCE: (Start with your present or most recent employment)

Employer _____ Address _____
Phone () _____ Job Title _____
Employed from ____ to ____ Type of business _____
Starting salary _____ Final salary _____ Supervisor _____
Duties _____ Reason for leaving _____

Employer _____ Address _____
Phone () _____ Job Title _____
Employed from ____ to ____ Type of business _____
Starting salary _____ Final salary _____ Supervisor _____
Duties _____ Reason for leaving _____

Employer _____ Address _____
Phone () _____ Job Title _____
Employed from ____ to ____ Type of business _____
Starting salary _____ Final salary _____ Supervisor _____
Duties _____ Reason for leaving _____

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES:

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

If yes, please explain: _____

Have you ever been convicted of a felony or theft-related misdemeanor? Yes No

If yes, please state details: _____

Are you currently under arrest for any crime for which you are out on bail or released on your own recognizance?

Yes No If yes, please state details: _____

EDUCATION:

Name of School	City, State	Degree/Diploma	Major
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other _____	_____	_____	_____

MILITARY:

Have you ever been in the Armed Forces? Yes No

Are you currently a member of the National Guard? Yes No

Specialty _____ Date entered _____ Date discharged _____

LANGUAGE SKILLS:

What languages do you speak fluently? _____

OTHER INTERESTS AND ACTIVITIES: _____

REFERENCES:

Name	Title	Address	Phone
1. _____	_____	_____	() _____
2. _____	_____	_____	() _____
3. _____	_____	_____	() _____

PERMISSION TO WORK:

If hired to work, can you present evidence of your U.S. Citizenship or your legal right to work in the U.S.? Yes No

COMPANY'S STATEMENT:

This company is an Equal Opportunity Employer. All applicants are evaluated on their qualifications. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, gender, national origin, color, age, disability, veteran status, sexual orientation, religion, or any other basis proscribed by applicable non-discrimination laws where Zip Fitness has clubs or offices.

EMPLOYMENT AGREEMENT:

I state that I have answered each question honestly and accurately and that all other information I provided has been complete and correct. I understand that any deliberate incorrect, incomplete, or false statements I have furnished may adversely affect my chances of employment at Zip Fitness and furthermore may lead to my discharge at any time. I agree not to hold any persons or organizations liable with respect to any information I have given. I also agree to comply with any and all rules and regulations of Zip Fitness.

Federal Law requires proof of United States citizenship or authorization to work prior to employment. Consequently, it is expressly understood that I will furnish required documentation before starting to work.

This application is not valid until signed by the applicant.

Signature: _____ Date: _____