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.
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 ____________________

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Starting salary ____________________ Final salary ____________________ Supervisor ____________________
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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: ____________________

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
S specialty ___________________________ Date entered ___________________________ Date discharged ___________________________

LANGUAGE SKILLS:
What languages do you speak fluently? ___________________________

OTHER INTERESTS AND ACTIVITIES: ___________________________

REFERENCES:
1. ___________________________ Address ___________________________ Phone (____) (____) (____)
2. ___________________________ Address ___________________________ Phone (____) (____) (____)
3. ___________________________ Address ___________________________ Phone (____) (____) (____)

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

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