

APPLICANT INFORMATION																	
Last Name				First				M.I.		Date							
Street Address						Apartment/Unit #											
City				State				ZIP									
Phone				E-mail Address													
Date Available						Position Applied for											
Availability		Part-Time <input type="checkbox"/>		Full Time <input type="checkbox"/>		Weekdays YES <input type="checkbox"/>		NO <input type="checkbox"/>		Weekends YES <input type="checkbox"/>		NO <input type="checkbox"/>		Evenings YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Any days of the week unavailable to work?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?									
Any times of the day unavailable to work?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?									
Comments:																	
Are you less than 18 years of age?				YES <input type="checkbox"/>		NO <input type="checkbox"/>											
EDUCATION																	
High School				Address													
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree							
College				Address													
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree							
Other				Address													
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree							
REFERENCES																	
<i>Please list three professional references.</i>																	
Full Name				Relationship													
Company				Phone													
Address																	
Full Name				Relationship													
Company				Phone													
Address																	
Full Name				Relationship													
Company				Phone													
Address																	

PREVIOUS EMPLOYMENT		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

ADDITIONAL EMPLOYMENT INFORMATION
<p>Fitness First is dedicated to healthy lifestyles and a healthy workplace environment. Therefore, we are a smoke-free, marijuana-free, and drug-free workplace. No use of tobacco products, including cigarettes, smokeless tobacco, electronic cigarettes, marijuana, or illegal drugs are permitted within the facilities or on the property at any time.</p>

DISCLAIMER AND SIGNATURE
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>
<p>Signature _____ Date _____</p>