

ZONE FITNESS CLUBS

EMPLOYMENT APPLICATION

An Equal Opportunity and Affirmative Action Employer

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, sexual orientation, and any other legally protected status.

Last Name: _____ First: _____ Middle _____ Today's date: / /

Street Address: _____ Home phone: _____

City, State, Zip: _____

Position Applied for: _____

Desired Salary/Hourly Range: _____

I am available (circle all that apply): Full Time Part Time Seasonal

Date available to start: / / Indicate the days & hours you are available to work: _____

Where did you see our job posting? (Circle one) Online Walk-In Print Ad Other: _____

Do you have the legal right to work in the U.S.? (Circle one) Yes No

- If yes, proof of work authorization will be required.

The minimum hiring age for Zone Fitness Clubs is 16 years. Do you meet this requirement? (Circle one) Yes No

Are you 18 years of age or older? (Circle one) Yes No

Have you ever applied with Zone Fitness Clubs or any of its subsidiaries? (Circle one) Yes No

- If yes, When: _____ Location: _____

Have you been convicted of any felony or misdemeanor including but not limited to child abuse, sex related crime, or theft? Exclude minor traffic violations and convictions that have been sealed or expunged. (Circle one) Yes No

- If yes, please provide type of conviction, date of conviction, and state/county in which the conviction occurred.

A conviction will not necessarily disqualify an applicant for employment. The type, seriousness, frequency, recency, relevancy, work history and other circumstances will be considered.

EMPLOYMENT HISTORY

Name of Current or Most Recent Employer: _____

May we contact: Yes No Phone number: _____

Employer Address: _____

Position Title: _____ Supervisor Name and Title: _____

Start Date: Month _____ Year: _____ End Date: Month _____ Year _____

Ending Salary: _____

Duties and Responsibilities: _____

Reason for leaving: _____

Additional information: _____

Name of Previous Employer: _____

May we contact: Yes No Phone number: _____

Employer Address: _____

Position Title: _____ Supervisor Name and Title: _____

Start Date: Month _____ Year: _____ End Date: Month _____ Year _____

Ending Salary: _____

Duties and Responsibilities: _____

Reason for leaving: _____

Additional information: _____

Name of Previous Employer: _____

Phone number: _____

Employer Address: _____

Position Title: _____ Supervisor Name and Title: _____

Start Date: Month _____ Year: _____ End Date: Month _____ Year _____

Ending Salary: _____

Duties and Responsibilities: _____

Reason for leaving: _____

Additional information: _____

EDUCATION BACKGROUND

School	Name / City	Year Completed	Graduated? Yes or No	Diploma/Degree/Certification
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Vocational/Technical	_____	_____	_____	_____
Other	_____	_____	_____	_____

RELATED SKILLS / CERTIFICATIONS

Please list and/or describe any certifications, training or skills that you have which are directly related to the position for which you are applying.

Please describe the specific machines or equipment that you can operate that are directly related to the position for which you are applying.

- Are you CPR certified currently? (Circle one) Yes No
- Are you first aid certified currently? (Circle one) Yes No
- Do you have a current Personal Training certification? (Circle one) Yes No

PROFESSIONAL REFERENCES (NOT RELATIVES / FRIENDS)

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

AFFIDVIT, CONCENT and RELEASE

PLEASE READ CAREFULLY AND INITIAL EACH STATEMENT BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal at a later date. _____ **Initial here.**

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employer and organizations to provide relevant information and opinions that may be used in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. _____ **Initial here.**

I understand that I may be required to successfully pass a pre-employment drug screen and/or criminal background check. I hereby consent to a pre-employment drug screen and/or criminal background check as a condition of employment, if required. _____ **Initial here.**

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARENTEE EMPLOYMENT FOR ANY DEFINATE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGNAIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I HAVE READ, UNDERSTAND AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.

Signature of Applicant _____

Date of Application: _____