

SUPER FITNESS

Employment Application



APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Date Available				Social Security No.				Desired Salary		
Position Applied for										
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"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
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	Starting Salary	\$	Ending Salary \$
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	Starting Salary	\$	Ending Salary \$
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	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Applicant's Signature

Please read and understand this statement before signing your application.

The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination.



I authorize the employer to contact and obtain information about me from my previous employers, educational institutions, and "references" I provided, and any other party necessary to verify the accuracy of the information I disclosed in the application, a related resume or personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement

DATE

SIGNATURE

Instructions:

In each of the five boxes below put a check mark next to the characteristic that describes you best. Then total the number of check marks horizontally and place that number in the far right box.

<input type="checkbox"/> Forceful	<input type="checkbox"/> Decisive	<input type="checkbox"/> Competitive	<input type="checkbox"/> Directing	<input type="checkbox"/> Daring	D_____
<input type="checkbox"/> Charming	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Talkative	<input type="checkbox"/> Influencing	<input type="checkbox"/> Enthusiastic	I_____
<input type="checkbox"/> Easygoing	<input type="checkbox"/> Patient	<input type="checkbox"/> Accommodating	<input type="checkbox"/> Steady	<input type="checkbox"/> Stabilizing	S_____
<input type="checkbox"/> Curious	<input type="checkbox"/> Restrained	<input type="checkbox"/> Precise	<input type="checkbox"/> Cautious	<input type="checkbox"/> Analytical	C_____