



NEW HORIZON **Fitness Center**

Employment Application

Agreement and Waiver Statement:

I, _____ certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. New Horizon Fitness Center is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Applicant Signature: _____ Date: _____

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious beliefs, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Fist name _____ Last name _____ Middle name _____ D.O.B. ___/___/___
Street Address _____ City _____
State _____ Zip Code _____ Telephone _____
Email _____

Position applying for _____

Do you have any friends or family working at New Horizon Fitness Center? __ Yes __ No

If yes, please list their names _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) __ Yes __ No

Are you looking for full-time employment? __ Yes __ No

What hours would you like to work? _____

Do you have any foreseen issues that would prevent you from being here during your scheduled hours? _____

If yes, Please explain. _____

Have you ever been convicted of a felony? (This will not necessarily affect your application.) __ Yes __ No

If yes, please describe conditions. _____

References

Name	Relationship	Telephone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____

Education

High School _____ Years Attended _____

College _____ Years attended _____ Major _____

Other Training _____

In addition to your work history, are there other skills, qualifications, or experiences that we should consider?

Employment History

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Responsibilities _____

Reasons for leaving _____

Name of Supervisor _____

May we Contact? __ Yes __ No Telephone _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Responsibilities _____

Reasons for leaving _____

Name of Supervisor _____

May we Contact? __ Yes __ No Telephone _____

Attach resume or additional information if necessary.