

APPLICATION FOR EMPLOYMENT

The Company is an equal employment opportunity employer which does not discriminate against qualified applicants or employees on the basis of race, sex, pregnancy, color, religion, age, marital status, national origin, handicap, (disability), sexual orientation, gender identity, veteran status or as otherwise prohibited by federal, state or local laws (e.g. sexual orientation).

PLEASE NOTIFY US IF YOU REQUIRE AN ACCOMMODATION TO ENABLE YOU TO PARTICIPATE IN THE APPLICATION PROCESS.

Please complete the application in its entirety. A		Application must still be line	
Date:	Are you 18 years or older? □ Yes □ No How long have you lived in this area?		
Name (Last, First, Middle):	er names you have used or currently use, in	ncluding nicknames and married na	umes)
Present Address:	Apt. No.	City	State/Zip
Previous Address: Street	Apt. No.	City	State/Zip
· · · · · ·	Email:		
Are you legally authorized to work in the US Referred by:	ny, please state name and relations	Have you ever worked for E	Bailey's Gym? □ Yes □ No
Position for which you are applying:			
Rate of Pay desired: \$per	, Any days, shifts or hours EDUCATION	that you cannot work:	

	School and Location	Number of Years Completed	Graduation	Degree and Field of Concentration
High School/GED	x .		□Yes	
			□No	
Callera			□Yes	
College			□No	
Other Training			□Yes	
			□No	
Other licenses, clearances, special or other relevant training				

A "YES" answer to the next question will not necessarily preclude employment. We will consider the nature and severity of the offense, the time since the offense, and the nature of the position sought.

Have you ever been convicted of, pled guilty or no contest (nolo contendre) to a crime? \Box Yes \Box No	
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If yes, please give details (list all offense(s), date, place, disposition, penalty, etc.):

MILITARY EXPERIENCE

Were you in the US Armed Forces?
Yes No If yes, what branch?

Dates of duty: From: _____ To: _____ Rank at separation: _____

Briefly describe your duties:

EMPLOYMENT HISTORY

List present employer or most recent employer first.

May we contact these employers? \Box Yes \Box No

Employed	Supervisor's Name
From:M/Y	
To: M/Y	Your Job Title
Duties	
	From:M/Y To:M/Y

Company		Employed	Supervisor's Name
		From:M/Y	
Address		To: M/Y	Your Job Title
Telephone		Duties	
Salar	У		
Start	End		
Reason for leaving			

EMPLOYMENT HISTORY CONTINUED

Company		Employed	Supervisor's Name
		From: M/Y	
Address		To: M/Y	Your Job Title
Telephone		Duties	
Salar	у		
Start	End		
Reason for leaving			

Company		Employed	5	Supervisor's Name
		From:M/Y		
Address		To: M/Y	1	Your Job Title
Telephone		Duties	·	
Salar	у			
Start	End			
Reason for leaving				

REFERENCES

List the names and contact information of three professional references, not related to you, whom you have known at least one year:

Name	Telephone	Address	How Known	Years Known

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all the facts and information listed on this employment application are true and complete. I understand that any false, incomplete, misleading information given by me (or material omission) on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, misleading information, or material omission discovered on this application or provided in the hiring process, which is discovered at any time after I am employed, will result in my immediate dismissal.

I hereby authorize the Company to investigate all statements/information contained in this application and provided during the hiring process and to interview any and all references and previous employers, to investigate my educational background and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Reporting Credit Act.

I authorize any and all references and previous employers to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may possibly arise from furnishing such information to the Company, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and may include a drug/alcohol screen test. If employed, I understand that I will be required to serve a Probationary Period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my Probationary Period, at the option of either the Company or myself. I understand that no supervisor or other representative of the Company (other than the President/CEO in writing and signed) has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Company to submit to a urinalysis or other drug/alcohol screen test and that my failure to take such test(s) when requested to do so or my receiving unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, will result in my immediate dismissal.

I certify that I have read, understand, and agree with the above.

Printed Name of Applicant

Signature of Applicant

Date