



Employment Application

Date: ____ / ____ / ____

6 South El Dorado, Suite 700, Stockton, CA 95202

www.inshapeclubs.com

ISHC ASSURES EQUAL EMPLOYMENT OPPORTUNITY WITHOUT DISCRIMINATION BECAUSE OF RACE, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, RELIGION, CREED, AGE, COLOR, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY PREGNANCY, CHILDBIRTH OR RELATED MEDICAL CONDITION, OR VETERAN STATUS.

Please type or print in ink clearly ♦ Please complete all sections of this application ♦ If you have a resume, fill out application completely and attach.

PERSONAL INFORMATION

Last Name		First Name			Middle Initial	
Present Address:	Street	City	State	Zip Code	Telephone (Evening) () -	
Permanent Address:	Street	City	State	Zip Code	Telephone (Day) () -	

<p>Are you 18 years of age or older? <i>(if under 18, hire is subject to verification that you are of minimum legal age: i.e.: you will be required to submit a current work permit)</i></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are you legally authorized to work in the U.S.? <i>(Proof of identity and legal authority to work in the U. S. is a condition of employment)</i></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If a position you are applying for requires operation of a vehicle, can you provide a copy of your current DMV record, a valid drivers license and proof of insurance?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Have you ever been convicted of a felony or misdemeanor?</p> <p>If yes, please state the nature, date and circumstances of the crime in the space provided. Conviction includes a verdict of guilty, plea of guilty or no contest. Do not provide information about misdemeanor marijuana-possession convictions more than two years old, or convictions that have been dismissed as a result of the successful completion of a pre-trial or post-trial diversion or drug treatment program. A conviction does not necessarily disqualify an applicant from employment at In-Shape Health Clubs.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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Position

How did you hear about us? Newspaper Internet Job Fair Referral: _____ Other: _____

Position Applied For: _____

Employment Status Desired: Full Time Part Time

Please indicate days and hours you are available to work:						
MON	TUE	WED	THU	FRI	SAT	SUN

Date available to start work: _____

Have you ever applied to or worked for In-Shape Health Clubs? If yes, when? YES NO

Do you have any friends or relatives working for In-Shape Health Clubs? If yes, state name(s) and relationship: YES NO

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? YES NO

If no, describe the functions that cannot be performed: _____

Why are you applying for work at In-Shape Health Clubs?

This section is for fitness trainer or group exercise instructor applicants:

Name of Certification	Issued Date	Expiration Date	Has your certification ever been revoked or suspended? If yes, state reason(s), date of revocation or suspension and date of reinstatement: <input type="checkbox"/> YES <input type="checkbox"/> NO
1.			
2.			
3.			

Educational Background

Circle the highest year completed

GED	HIGH SCHOOL	COLLEGE	TRADE SCHOOL
<input type="checkbox"/>	1 2 3 4	1 2 3 4	1 2 3 4

High School	City, State, & Zip Code	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	
College	City, State, & Zip Code	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree Major Subject
Trade School	City, State, & Zip Code	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree Major Subject

Do you have any other experience, training, or skills which you feel make you especially qualified for work at In-Shape Health Clubs?

Employment History (You must complete this section even if attaching a resume)

1. Company Name		Employment Dates (MO/YR) From: _____ To: _____	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Address, City, State, Zip Code		Position Title Starting: _____ Ending: _____	
Supervisor Name	Telephone ()	Reason for Leaving	
Responsibilities and Accomplishments			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Company Name		Employment Dates (MO/YR) From: _____ To: _____	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Address, City, State, Zip Code		Position Title Starting: _____ Ending: _____	
Supervisor Name	Telephone ()	Reason for Leaving	
Responsibilities and Accomplishments			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Company Name		Employment Dates (MO/YR) From: _____ To: _____	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Address, City, State, Zip Code		Position Title Starting: _____ Ending: _____	
Supervisor Name	Telephone ()	Reason for Leaving	
Responsibilities and Accomplishments			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Company Name		Employment Dates (MO/YR) From: _____ To: _____	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Address, City, State, Zip Code		Position Title Starting: _____ Ending: _____	
Supervisor Name	Telephone ()	Reason for Leaving	
Responsibilities and Accomplishments			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Professional References (List three persons, other than relatives, who have knowledge of your work experience and/or education.)

Name	Address, City, State, Zip Code	Telephone ()	Occupation	Years Known
Name	Address, City, State, Zip Code	Telephone ()	Occupation	Years Known
Name	Address, City, State, Zip Code	Telephone ()	Occupation	Years Known

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand, where permissible under applicable law, I may be subject to a drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with the Company.

I understand, where permissible under applicable law, I may be subject to a medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the Company.

I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

I understand and agree that either the Company or I may terminate my employment relationship with the Company at will, at any time, with or without cause or notice.

I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or express contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or his/her authorized representative.

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

I understand an offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's Signature _____
Date