

# FIT REPUBLIC

## Application for Employment

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you previously worked for a Fitness industry?

Yes  No

If answer is yes, please explain: \_\_\_\_\_

Are you 18 years of age or older?

Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes  No

If offered the position, are you willing to undergo a background Check?

Yes  No

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### Desired Position:

Position: \_\_\_\_\_ Location(s) \_\_\_\_\_

Start date available: \_\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually

Do you prefer:  Full-time  Part-time

If part-time, how many hours can you work? : \_\_\_\_\_

Please tell us your availability times and days below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you able to work:  Weekends

Holidays

Nights

Overtime

Have you previously worked for Fit Republic?  Yes  No If so, dates of employment

\_\_\_\_\_.

Reason(s) for leaving: \_\_\_\_\_

Former supervisor(s) name: \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

### Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

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### Skills

Are you experienced in using a computer?  Yes  No  PC  Mac

List the programs are you capable of using: \_\_\_\_\_

\_\_\_\_\_

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### Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			


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### References

Identify three persons who know your work, beginning with the most recent.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

### Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

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Signature

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Date