



# EMPLOYMENT APPLICATION

The Authority Since 1965

TODAY'S DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PERSONAL INFORMATION

Provide ALL applicable information

NAME (Last, First, MI)						HOME PHONE ( )							
STREET ADDRESS						CITY, STATE & ZIP							
POSITION(S) APPLIED FOR						DESIRED SALARY			CELL PHONE / OTHER ( )				
WORK AVAILABILITY: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY									DATE YOU CAN START EMPLOYMENT / /				
<b>PLEASE INDICATE HOURS / DAYS OF AVAILABILITY:</b>													
SUN. AM	<input type="checkbox"/> ANY PM	MON. AM	<input type="checkbox"/> ANY PM	TUE. AM	<input type="checkbox"/> ANY PM	WED. AM	<input type="checkbox"/> ANY PM	THUR. AM	<input type="checkbox"/> ANY PM	FRI. AM	<input type="checkbox"/> ANY PM	SAT. AM	<input type="checkbox"/> ANY PM
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH OUR COMPANY?						WERE YOU HIRED?			REFERRED BY				
WHEN? WHERE?						<input type="checkbox"/> YES <input type="checkbox"/> NO							
ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO						ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO													
If yes, please explain below. A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.													

## EMPLOYMENT HISTORY

List below your last three employers, starting with most recent.

PRESENT OR LAST POSITION		NAME OF COMPANY				FROM		TO	
EMPLOYER'S STREET ADDRESS				CITY		STATE		ZIP	
DUTIES				REASON FOR LEAVING					
STARTING SALARY		FINAL SALARY		BONUS		COMMISSION		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR			TITLE AND DEPARTMENT OF SUPERVISOR				PHONE NUMBER OF SUPERVISOR		
PRESENT OR LAST POSITION		NAME OF COMPANY				FROM		TO	
EMPLOYER'S STREET ADDRESS				CITY		STATE		ZIP	
DUTIES				REASON FOR LEAVING					
STARTING SALARY		FINAL SALARY		BONUS		COMMISSION		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR			TITLE AND DEPARTMENT OF SUPERVISOR				PHONE NUMBER OF SUPERVISOR		
PRESENT OR LAST POSITION		NAME OF COMPANY				FROM		TO	
EMPLOYER'S STREET ADDRESS				CITY		STATE		ZIP	
DUTIES				REASON FOR LEAVING					
STARTING SALARY		FINAL SALARY		BONUS		COMMISSION		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR			TITLE AND DEPARTMENT OF SUPERVISOR				PHONE NUMBER OF SUPERVISOR		

## EDUCATION INFORMATION

School Level	Name & Location	No. Yrs. attended	Graduate?	Subjects Studied
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER				

## PROFESSIONAL REFERENCES

Please provide 3 references that can verify your qualifications.

Name	Occupation	Address/Phone	Relationship	Known Since

Include any physical limitations that may interfere with duties.

## ADDITIONAL COMMENTS

Use the space below to note any additional skills or experience that further qualifies you for the position.

## PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice of any time.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of facts on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated and possible prosecution.
- I also understand Gold's Gym is an Equal Opportunity Employer that administers all of its employment policies in a nondiscriminatory manner. I specifically authorize Gold's Gym to investigate my background, including any and all references, consistent with the position for which I am applying, and release and hold Gold's Gym harmless for any and all claims, cause of action, damages, obligations and liabilities arising out of its investigation of my application for employment.
- I authorize the references listed above, and any others contacted, to give Gold's Gym any and all information concerning my previous employment and pertinent information they may have, personal or otherwise and release all parties from all liabilities for any damage that may result from furnishing the same to Gold's Gym.

DATE

SIGNATURE