

Bally Total Fitness Corporation

An Equal Opportunity Employer

Proof of identity and employment eligibility will be rquired based on various documents approved under Federal law.

Bally Name/Location	
Position Applying For (you must list a sp	acific position)

Application for Employment

This application must be completed by the person applying for employment. Please print all responses. Also, please advise us if any accommodations are required to assist you in the application process.

Date

Bally is an Equal Opportunity Employer. All candidates will be evaluated on the basis of their qualifications for the job in question. Federal and/or state law prohibit discrimination on the basis of race, color, creed, religion, sex, national origin, age, disability or any other protected status. Federal law, however, prohibits the employment of any person who does not have the legal right to work in the United States.

Screening for illegal drug use and a criminal background	nd check may be required as a condition of employ	ment.
How did you hear about this opportunity at Bally Total Fitness?		
Have you ever been employed by Bally Total Fitness before? Have you ever been employed by any former Bally entity, such as Holid President's, President & First Lady, PacWest, Bally Matrix, U.S. Swim of the Yes, please give dates of employment, position and reason(s) for leavest.	& Fitness, Manhattan Sports Clubs, etc.? Yes	ago Health Clubs, □ No □
PERSONAL		
Last Name First Na	me	Middle Initial
Street Address	Evening Phone	
City / State / Zip	Day Phone	
If you've lived at the above address for less than three (3)	consecutive years, please list previous addresses be	elow:
Street Address	Street Address	
City / State / Zip	City / State / Zip	
Age: Are you at least 18 years old? Yes □ No □	E-Mail Address:	
Have you had any changes in name or used an assumed name? If Yes, please identify name(s):	Yes □ No □	
Do you have any friends or relatives working with Bally Total Fitness?	Yes □ No □	
If Yes, Name:	Relationship:	
Where do they work?	What position do they hold?	
AUTHORIZATION TO WORK		
Are you a U.S. citizen or legally authorized to work in the United States'	? Yes □ No □	

CONVICTION RECORD				
Have you ever been convicted, sen felony? Yes □ No □	tenced, placed on p	robation, pleade	d guilty or "no contest" or a	greed to deferred adjudication involving a
				agreed to a deferred adjudication involving ense, which includes being required to
Yes □ No □				
Have you recently been arrested fo offense in which you currently are of Minnesota, Missouri, Rhode Island, misdemeanors.) Yes No	ut on bail or your ov	vn recognizance	e pending trial? (Note: Resp	
[Please respond to the following for	any jobs involving o	trivinal		
Have you ever been convicted of fo Yes □ No □			nce (DUI) or driving while in	ntoxicated (DWI)?
State should limit their answers to to to those convictions and similar gui- occurred more than two years ago program.) Please include the count	hose convictions with pleas within the land ii) any offense for ty and state, nature current status. A constate details and date	thin the last sevents ten years. Coor which you we of the offense, the onviction record tes:	en years; and applicants in California residents should of the referred to, and participathe relevant dates, date of partill not necessarily bar you mill not states as noted ab	from employment and will be considered
Work Experience				
	ding military service	or any period of	I order. List your current or f unemployment. If self-em	most recent position first. Be sure to apply give firm name and supply
Present or Last Employer	Employed From	Pay	Your Title or	Exact Reason for Leaving
Address	(mo/yr)	Starting \$	Position	(please be specific)
City, State, Zip Code	To (mo/yr)	Ending Pay	Supervisor's Name/Title	_
Telephone]			
Describe Duties:				
Present or Last Employer	Employed From	Pay	Your Title or	Exact Reason for Leaving
1 1000/11 of East Employor	(mo/yr)	Starting \$	Position	(please be specific)
Address]			
City, State, Zip Code	To (mo/yr)	Ending Pay	Supervisor's Name/Title	
Telephone				
Describe Duties:	.1	<u>. </u>		

Address City, State, Zip Code		Starting \$	Position	Exact Reason for Leaving (please be specific)
City, State, Zip Code				
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ty, State, Zip Code elephone escribe Duties: essent or Last Employer	Employed From (mo/yr)	Pay	Your Title or	
	Employed From (mo/yr)	Pay Starting \$	Your Title or Position	

WORK AVAILABILITY						
Are you available for full time	work? Yes		Will you work	overtime if asked?	Yes □	No □
When will you be available to			youo	overmine in denou.		
,						
Circle the time during each d	ay you would be ava	ilable for work (N//	A = not available to	work that day):		
Monday AM PM N/A	Tuesday AM	PM N/A	Wednesday A	M PM N/A	Thursday	AM PM N/A
Friday AM PM N/A	Saturday AM	PM N/A	Sunday A	M PM N/A		
AM = 5:00 am to 6:00 pm						
Note: Bally reserves the right to change schedules and duties as business necessitates.						
ATTENDANCE						
Except for vacations and holi	days how many wor	k days have you h	een absent during	this calendar year)	
•	0 Days □ 10 – 1	-	_	21+ Days		
During the prior calendar yea	•	- 10				
	' : 0 Days □ 10 – 1	5 Davs □15	– 20 Days □	21+ Days		
_ c	0 Day 0 — 10 1	o Dayo — I.o	20 Dayo —	z bayo		
PREVIOUS EXPERIENCE						
Please indicate any experien	ce you have which y	ou feel is relevant	to the position you	are applying for:		
_						
EDUCATION						
School Name (must be completed)	Years Completed (circle)	Diploma/Degree (circle one)	Describe Course of Study or Major	, ,	ecialized Traini extra-Curricular	ng, Experience, Skill and
High School	, ,	, ,	Citaly of Major		ta Cambalar	/ touvideo
	9 10 11 12	Yes / No				
College/University	1 2 3 4	Yes / No				
Graduate/Professional						
	1 2 3 4	Yes / No				
Trade or Correspondence		Yes / No				
011		res / No				
Other		Yes / No				
	l	l l				
OTHER SPECIAL TRAINING	, SKILLS, EDUCATION	ON OR CERTIFICA	TES			
List only those that are job related; exclude those which could indicate race, creed, color, sex, age, religion, national origin or disability.						

M						
MILITARY SERV		4-d 04-4 military 0	- D N			
-		ted States military? Ye	s 🗆 N	0 ⊔		
If Yes, in which br	anch did you s	erve?				
Please identify the	e dates of serv	ice:				
(Do not answer t	he question re	elating to dates of servi	ice if you	are applying for employmer	nt in the state of Califor	nia.)
Please describe a	ıny work exper	ience or skills gained in t	he military	that are relevant to the job be	eing applied for:	
PERSONAL REF	TDENOTE					
Please list person	s who know yo	ou well – not previous e i	mployers		1	
Nam	е	Occupation		Address (Street, City & State)	Telephone Number	Number of Years Known
						1
[Please comple	ete for any po	ositions in which driv	ing may	be required:]		
Do you have a cu	rrent driver's li	cense? Yes □	No □	State:		
Has your driver's	license every b	een suspended or revok	ed? Yes	□ No □		
If Yes, please exp	lain the circum	istances:				
Please list all mov	ving violations i	n the past five (5) years:				
Offense	Date	Loca	tion	Offense	Date	Location
Offense	Date	Loca	tion	Offense	Date	Location

Note: YOU WILL BE REQUIRED TO PROVIDE PROOF OF INSURANCE IF ACCEPTING CERTAIN POSITIONS WHICH REQUIRE DRIVING ON BEHALF OF BALLY.

I hereby affirm that the information provided on this application (and accompanying resume or documents, if any) or during an interview is true and complete to the best of my knowledge. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any misrepresentation, falsification or omission may disqualify me from further consideration for employment, will rescind any job offer or will result in immediate dismissal if discovered at a later date. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand and authorize Bally to make inquiries of any information reporting agency concerning my employment history and qualifications, including any reported incidents of employment dishonesty, theft or other related acts of dishonesty, as well as a check of my criminal conviction record. I further understand that Bally may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by Bally at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company. No supervisor or representative of the Company, other than the President of the Company, has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

I also authorize Bally to deduct from my wages, any amounts which may be due as a result or overpayment of wages, loss or destruction if its property or any other amounts which I may lawfully owe Bally, or for which I have received full consideration.

I also understand that the Company has established an alternative dispute resolution procedure to resolve disputes arising out of the employment context, referred to as Bally's DisputeEmployment Resolution Procedure ("EDRP"). I agree to be bound by the terms of the EDRP as a condition of employment concerning any disputes or claims covered under the EDRP. I understand that I have the right to request and review a copy of the EDRP.

I further agree to submit any disputes relating to the hiring process and the failure to be hired by Bally to the company's EDRP referenced above.

In the event of my employment to a position with Bally Total Fitness, I will comply with all rules and regulations of the Company.

I understand that this application is valid for only 90 days and that if I am not hired during that time I must reapply if I am still interested in employment.

If you have any questions regarding this statement, please ask a Company representative before signing.

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DO NOT SIGN ONTIL	. TOU HAVE READ	THE ADOVE ST	AICIVICINI AND	AGREEMENT.

I hereby acknowledge that I have read the above statements and understand the same.				
SIGNATURE OF APPLICANT	DATE			