

# Employment Application

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran status, or disability

## PERSONAL

Date of Application:   /   /

Name: \_\_\_\_\_ Social Security No.

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Job applied for: \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

## Availability

Mon.		Tues.		Wed.		Thur.		Fri.		Sat.		Sun.	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

How many hours a week would you like to work? \_\_\_\_\_

Have you ever worked at a Gold's gym before? Yes  No  If yes, When \_\_\_\_\_ Where \_\_\_\_\_

## HOW WOULD YOU RATE YOURSELF?

(1 = Improvement needed, 2 = OK, 3 = Good, 4 = Top Performer)

- \_\_\_ Energy Level: Your sense of urgency, self motivation, and enthusiasm.
- \_\_\_ Communication Skills: Your ability to listen well, express ideas clearly, and accept feedback
- \_\_\_ Hospitality: Your natural friendliness and customer service skills
- \_\_\_ Reliability: Your dependability, attendance, self-discipline, and dedication.
- \_\_\_ Personal Pride: Your appearance, hygiene, and achievement.
- \_\_\_ Teamwork: Your cooperation with others and team spirit.

1. What achievement are you most proud of? \_\_\_\_\_
2. What are your personal strengths? \_\_\_\_\_
3. What are your weakest areas? \_\_\_\_\_
4. What are your 5 year goals? \_\_\_\_\_
5. Why do you want to work here? \_\_\_\_\_

Can you perform the essential functions of this job, with or without accommodations? Yes  No

In case of emergency. Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Do you have reliable transportation to work? Yes  No

Do you have any relatives or friends currently working for Gold's Gym? Yes  No

If yes, state relationship to you and location of employment \_\_\_\_\_

In the event you are required to use your personal or company automobile to conduct company business, please complete the following

Do you have a valid drivers license? Yes  No  If Yes, indicate: \_\_\_\_\_

Do you have Automobile liability insurance? Yes  No  (State) (Number)

(Only applicants whose job will include driving need respond. Ask the manager to whom you are applying for details)

LIST BELOW, BEGINNING WITH YOUR MOST RECENT. ALL PRESENT AND PAST EMPLOYMENT

Name, Address and Phone # of Company	From		To		Last Position Held		Weekly Starting Salary	Weekly last Salary	Reason for Leaving	Name of Supervisor
	Mo	Year	Mo	Year	Title	Duties				

PERSONAL REFERENCES (Not former employees or relatives)

Name and Address	Occupation	Phone Number

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Years Attended		Last Year Completed	Did you Graduate	Diploma or Degree	GPA
			From	To				
High								
Col/VoT								

BACKGROUND

Are you 18 years of age? Yes  No  If no, Date of Birth:  /  /

Have you ever been convicted of a felony? Yes  No

Have you ever been convicted of any crime, excluding misdemeanors? Yes  No

Have you ever been convicted of any crime involving violence to another person? Yes  No

Have you ever been convicted of any crime involving dishonesty? Yes  No

Are you serving probation for any misdemeanor offense? Yes  No

Have you ever been confused or disciplined for cash handling violations? Yes  No

IMPORTANT - READ BEFORE SIGNING

I certify that information given herein is true and complete to the best of my knowledge.

I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand the employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper the contrary expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during employment.

Signed: \_\_\_\_\_

Date:  /  /