

THIS APPLICATION IS FOR PORT JEFFERSON, NY APPLICANTS ONLY. APPLICANTS FOR OTHER FITNESS TOGETHER LOCATIONS SHOULD CONTACT THAT STUDIO FOR INSTRUCTIONS.

APPLICATION FOR EMPLOYMENT
FITNESS TOGETHER



Please complete the entire application. You can type directly on this PDF document by going to "Tools" and selecting "Typewriter". Once you have completed the application, please either email it to recruiting@fitness-together.com

Mail it to recruiting@fitness-together.com

Phone: 378-637-0000

Address: 1000 Rte 108, Port Jefferson, NY 11777

- **Follow instructions carefully**
- **Print or type**
- **Provide detail – do not use "see resume"**
- **Check for errors & signature before submitting**
- **Please read the entire application before beginning to fill it out to ensure your answers are written in the proper spaces**

Position applying for:

General Information

Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address	
Mailing Address	City		State	Zip Code
Have you ever been an employee of any Fitness Together franchise? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate where.				
Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)				
How did you learn about this opening?				

Education and/or Training

Did you graduate from high school or receive a GED Certificate? Yes No

SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Number of Credits		Field		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma or degree earned
	Qtr.	Sem.	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional skills, extra curricular activities, community involvement, volunteer work, awards, accomplishments:

Name:

What hours are you available to work each day?

Day	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Fitness Qualifications

How do you define Physical Fitness?

How often do you workout?

What type of workout routine do you follow (weights, aerobics, etc.?)

Discuss any courses you have taken in fitness, nutrition, wellness, etc.

Discuss any practical experience you have had in the physical fitness industry.

Name:

Name four exercises specifically for the deltoids:

- 1.
- 2.
- 3.
- 4.

Name four exercises specifically for the triceps:

- 1.
- 2.
- 3.
- 4.

Fitness/Health License(s) or Certification(s)

License/Certification	State	Profession	License/Certification #	Expiration Date

References (please list past employers or someone who knows your character such as a professor, religious guide, or another important figure in your life)

Name	Description	Phone Number
1.		
2.		
3.		

Fitness Together – Application for Employment

Name: _____

Employment History: (Provide detail; do not use “see resume.”)

- Start with your current or last job – include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- Complete the following pages if you have additional employment history.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
1.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	
2.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

Go on to the next page if you have additional employment history.

<p>I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. A typed name is considered a signature.</p>	
<p>_____</p> <p>Applicant's Signature</p>	<p>_____</p> <p>Date</p>

Fitness Together – Application for Employment

Name:

Additional Employment History:

3.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

4.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

5.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

