



Employment Application

Fitness Together is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex religion, national or ethnic origin, disability, age, veteran status, sexual orientation or any other protected basis.

Please complete the application carefully and in its entirety or the application may be considered incomplete and not be considered. In lieu of completing the education and work experience sections, you can attach a resume.

Applicant Information

Name (Last, First, Middle)				Position Desired	
Address				Apt or House Number	
City				State	Zip Code
Home Phone	Cell Phone		Email Address		
Are you eligible to work in the United States?			<input type="checkbox"/>	Yes	No
Are you currently employed by Fitness Together?			<input type="checkbox"/>	Yes	No
If answer is 'yes' to above question, please provide the position title and location of studio.					
Have you ever been employed by Fitness Together?			<input type="checkbox"/>	Yes	No
If answer is 'yes' to above question, please provide the position title, location, and date of separation.					
How did you learn about this Fitness Together position?					

Education and Professional Development

Name of High School				City and State	
Did you graduate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Your Major
Diploma/Certificate Received	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Name of College/Technical School				City and State	
Did you graduate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Your Degree/Major
Degree/Certificate Received	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Your Minor or Concentration
Name of College/Technical School				City and State	
Did you graduate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Your Degree/Major
Degree/Certificate Received	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Your Minor or Concentration

Professional Certificates and Licenses

Specialized Skills and Proficiency Level

Work and Military Experience

Please detail your entire work history beginning with your most recent employer. Alternatively, you can attach a copy of your resume to your application to detail your work and military experience. Provide additional sheets if more space is needed.

Dates Employed	Position Title	Starting Pay	Ending Pay
Average Weekly Hours	Organization Name and Address		
Supervisor's Name	Supervisor's Phone Number		
Reason for Leaving		Primary Duties	
Dates Employed	Position Title	Starting Pay	Ending Pay
Average Weekly Hours	Organization Name and Address		
Supervisor's Name	Supervisor's Phone Number		
Reason for Leaving		Primary Duties	

Separation Question: In the last 7 years, have you experienced any of the following: Fired from a job; quit a job after being told you would be fired; left a job by mutual agreement following allegations of misconduct; left a job by mutual agreement following allegations of unsatisfactory performance; or left a job for other reasons under unfavorable circumstances? **Yes** or **No**

If you answered "Yes," to the above question, in the space below begin with the most recent occurrence and go backward, providing date fired, quit, or left; which of the above circumstances was involved (e.g. fired, quit after being told you would be fired, etc.); employer's name and address, including zip code; and reason for action taken.

Please indicate any hours you are not available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please provide the following information for three professional references:

Name	Relationship/Title	Phone Number	Email Address

Please read carefully and sign that you understand and accept this information:

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Fitness Together to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a criminal and credit background investigation, and/or illegal substances screening upon conditional offer of employment and based on the requirement of the information as it relates to the position for which I have applied. I understand that this document is NOT an offer of employment and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Fitness Together serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with Fitness Together policies and procedures. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that if hired, the first 90 days of employment represent an introductory period to assess suitability for continued employment with Fitness Together.

Applicant Signature

Date