

Application for Employment

An Equal Opportunity Employer

POSITION APPLIED FOR: _____ DATE OF APPLICATION: ____/____/____
NAME: _____ SOCIAL SECURITY #: _____ - _____ - _____
Last First M.I.
ADDRESS: _____
Street City State Zip Code
PHONE #: _____ EMAIL: _____
ALTERNATE PHONE #: _____

If you are under 18, and it is required, can you furnish a work permit? YES NO
If no, please explain: _____

Have you ever been employed by Innovative Health & Fitness? YES NO
If yes, please give date and position(s): _____

Are you legally eligible for employment in the United States? YES NO

Date available to work?: ____/____/____ Desired Salary Range: _____ HOURLY ANNUALLY

Type of employment desired: FULL TIME PART TIME INTERNSHIP

Type of work schedule interested in; please check all that apply:
____ DAYS ____ EVENINGS ____ WEEKENDS ____ SPLIT SHIFTS ____ ROTATING SHIFTS

Have you ever been convicted of a crime?
If yes, please explain: _____

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness of the violation, rehabilitation and position applied for will be taken into account.

EMPLOYMENT HISTORY

Please provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent. Do NOT write "See Resume".

EMPLOYER NAME: _____ POSITION HELD: _____ DATES OF EMPLOYMENT: _____
ADDRESS: _____ FROM: ____/____/____
PHONE: _____ SUPERVISOR/TITLE: _____ TO: ____/____/____
REASON FOR LEAVING: _____ WAGES: (BEGINNING): \$_____/Hour (ENDING): \$_____/Hour
MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER NAME: _____ POSITION HELD: _____ DATES OF EMPLOYMENT: _____
ADDRESS: _____ FROM: ____/____/____
PHONE: _____ SUPERVISOR/TITLE: _____ TO: ____/____/____
REASON FOR LEAVING: _____ WAGES: (BEGINNING): \$_____/Hour (ENDING): \$_____/Hour
MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER NAME: _____ POSITION HELD: _____ DATES OF EMPLOYMENT: _____
ADDRESS: _____ FROM: ____/____/____
PHONE: _____ SUPERVISOR/TITLE: _____ TO: ____/____/____
REASON FOR LEAVING: _____ WAGES: (BEGINNING): \$_____/Hour (ENDING): \$_____/Hour
MAY WE CONTACT THIS EMPLOYER? YES NO

INNOVATIVE HEALTH & FITNESS

EDUCATIONAL BACKGROUND

NAME & LOCATION	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE ATTAINED
High School		YES NO	
College		YES NO	
Other		YES NO	

SPECIAL OR RELATED TRAINING

List any special training that you've completed that may qualify you as being able to perform job-related functions in the position for which you are applying.

Comment on any additional related experience(s) you may have had that may qualify you as being able to perform job-related functions in the position for which you are applying. (For example: Clinical Experience, Home Health Care, Senior Care, Pharmacy, Voluntary Services, etc).

LICENSE AND CERTIFICATION INFORMATION

List all applicable licenses or certifications that you have and their expiration dates:

License/Certification: _____ #: _____ Date Issued: ____/____/____ Exp. Date: ____/____/____
License/Certification: _____ #: _____ Date Issued: ____/____/____ Exp. Date: ____/____/____
License/Certification: _____ #: _____ Date Issued: ____/____/____ Exp. Date: ____/____/____

REFERENCES

NAME & LOCATION	PHONE	TITLE/COMPANY
1		
2		
3		

APPLICANT STATEMENT

- I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and accurate.
- I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge from the employer's service, whenever it is discovered.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its organizations for furnishing such information about me.
- I understand that the employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
- I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment or any specified period or definite duration. I understand that no supervisor or representative of the employer is authorize to make an assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.
- I also understand that if I am hired, I will be required to provide proof of 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.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

SIGNATURE OF APPLICANT _____

DATE: ____/____/____

SIGNATURE OF GUARDIAN _____
(If Applicant is under 18)

DATE: ____/____/____

INNOVATIVE HEALTH & FITNESS

BACKGROUND RELEASE FORM

I authorize Innovative Health & Fitness to contact any references I have furnished for the purpose of obtaining employment information from my personnel records with past employers. I also authorize the investigation of my driving and criminal records for employment purposes as they relate to the job I am applying for.

PRINT NAME

SOCIAL SECURITY #

PRINT OTHER NAMES/ALIASES (If applicable. i.e. Maiden Name)

SIGNATURE

DATE

I understand that the information below is used to assist in the completion of a background investigation. The information will be maintained in a limited access file, detached from my application and will not be used to determine my eligibility for employment.

DATE OF BIRTH: ____ / ____ / ____

The above named individual claims to have attended and/or graduated from your institute. We would appreciate you answering the following questions. Your response shall be kept confidential, unless otherwise required by law. You may fax your reply to: 414.448.0028 Thank you for your cooperation.

DATE ATTENDED: _____ TO: _____ GRADUATED: ___ YES ___ NO

DEGREE OBTAINED: _____

AREA OF STUDY: _____

PREPARED BY: _____ TITLE: _____

SCHOOL: _____

INNOVATIVE HEALTH & FITNESS

REFERENCE INQUIRY

Innovative Health & Fitness is hereby granted permission to contact any references I have furnished for the purpose of obtaining employment information from my personnel records with past employers. I also authorize the investigation of my driving and criminal records for employment purposes. I release all parties from any liability that may result from releasing such information.

Social Security #

Print Name

____ / ____ / ____
Date of Birth

Signature

____ / ____ / ____
Date

The above named applicant claims to have been employed by you. We would appreciate you answering the following questions. Your response shall be kept confidential unless otherwise required by law.

Employed From: _____ To: _____ Wage/Salary: \$ _____

Position Held: _____

Eligible for re-hire? YES NO If no, why? _____

Gave notice?: YES NO

Please rank the following:

	Excellent	Good	Average	Poor	Unacceptable
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Comments:

INNOVATIVE HEALTH & FITNESS