

Bootcamp w/Jess P.T. with a purpose

Application for employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or disability as required by law.

The applicant will be considered for available positions for a period of 90 days only from the date of this application. The applicant therefore must re-apply for any position (s) that become available more than 90 days after the date of this application.

PRINT CLEARLY

NAME _____ SOCIAL SECURITY NUMBER _____
Last First Middle Int.

DATE OF BIRTH (Month, Day, Year) _____

ADDRESS _____ HOME PHONE _____ WORK PHONE _____

CITY _____ STATE _____ ZIP _____

POSITION(S) FOR WHICH YOU ARE APPLYING _____

TYPES OF EMPLOYMENT ACCEPTABLE FULL-TIME PART-TIME TEMPORARY

DATE AVAILABLE FOR WORK _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO IF SO WHEN? _____

HOW DID YOU LEARN ABOUT OUR JOB OPENING? _____

WERE YOU REFERRED TO BOOTCAMP BY A CURRENT P.T.? YES NO NAME: _____

ARE YOU RELATED TO ANY CURRENT P.T.? YES NO NAME: _____

EDUCATION

HIGH SCHOOL GRADUATE? YES NO LIST HIGHEST YEAR OF SCHOOLING COMPLETED _____

LIST VOCATIONAL SUBJECTS SIGNIFICANT TO THIS APPLICATION AND LENGTH OF STUDY _____

PERSONAL TRAINING CERTIFICATIONS Yes, please list _____ No _____

College, Business or Trade Schools Name and City Location	Major or Vocational Subjects	Length of Time	Degree
_____	_____	_____	_____
_____	_____	_____	_____

Military Service	Dates	Length of Time	Location
_____	_____	_____	_____
_____	_____	_____	_____

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EXPERIENCE

Beginning with present or most recent, list your last three periods of employment. If you wish to elaborate, a supplement sheet or resume may be attached.

EMPLOYER'S NAME _____ DATES From: _____ To: _____

ADDRESS _____

HOURS WORKED PER WEEK _____ STARTING SALARY _____ ENDING SALARY _____

JOB TITLE, DUTIES

IMMEDIATE SUPERVISOR _____ PHONE NUMBER _____

REASON FOR LEAVING _____

EMPLOYER'S NAME _____ DATES From: _____ To: _____

ADDRESS _____

HOURS WORKED PER WEEK _____ STARTING SALARY _____ ENDING SALARY _____

JOB TITLE, DUTIES

IMMEDIATE SUPERVISOR _____ PHONE NUMBER _____

REASON FOR LEAVING _____

EMPLOYER'S NAME _____ DATES From: _____ To: _____

ADDRESS _____

HOURS WORKED PER WEEK _____ STARTING SALARY _____ ENDING SALARY _____

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IMMEDIATE SUPERVISOR _____ PHONE NUMBER _____

REASON FOR LEAVING _____

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GENERAL

Please respond fully and completely to the following questions:

- YES NO Are you at least eighteen (18) years of age?
- YES NO Have you ever been convicted of a felony? (A criminal record / background check is required)
(BCI consent form needs to be completed)
- YES NO Can you, after employment, submit verification of your legal right to work in the United States?
- YES NO Do you have a valid drivers license? Has it been revoked or has it been suspended in past or currently?
(MVR consent form needs to be completed)

REFERENCES

List three persons not related to you who are willing to give **work related references** and whom you have known at least one year.

Name	Address & Telephone Number	Business	Years Acquainted
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1. _____
2. _____
3. _____

CERTIFICATION OF APPLICANT (READ CAREFULLY BEFORE SIGNING)

All of the information provided herein by me is true and correct to the best of my knowledge. I understand omissions or misrepresentation may be cause for rejection or, if employed, may result in termination of my employment. I understand that the information in this application may be used, and my previous employers may be contacted, to investigate my work history. I hereby authorize any former employer, person; firm or corporation listed herein to answer any and all questions and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and is not a contract to employ me. Furthermore, I expressly understand that, in the event of my employment with the Company, my status as an employee-at-will may not be changed or modified (1) by any oral representation to the contrary, whether made during the application process or made during my employment with the Company, (2) by any practice or procedure of the Company or in the industry, and/or (3) by any policy manual or other document issued by the Company except by the a written employment contract executed by the President and Secretary of the Company and myself that pertains solely to my employment and that specifically revokes the employment-at-will. I understand that any offer of employment will be conditioned on my successfully passing a drug screen test that tests for the presence of illegal drugs.

Date: _____ Signature of applicant: _____

Please ask if you would like to review the Company's drug testing policy.