



### Employment Application Form

<b>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</b>	
<b>PLEASE COMPLETE PAGES 1-5.</b>	
DATE _____	
Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Last</span> <span>First</span> <span>Middle</span> <span>Maiden</span> </div>	
Present address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Number</span> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>	
How long _____	Social Security No. _____ - _____ - _____
Telephone (____) _____	
If under 18, please list age _____	
Position applied for (1) _____ and salary desired (2) _____ (Be specific)	Days/hours available to work No Pref _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____
How many hours can you work weekly? _____ Can you work early mornings? _____	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME	
When available for work? _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_



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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
			From To
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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**APPLICATION FOR EMPLOYMENT**

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		From To	Start Final
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Shape Club (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Firm practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Shape Club, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of the Company. Both the undersigned and Shape Club may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise noted), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a fitness certification policy that provides for pre-employment (2) compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful maintenance of these certifications under such policy.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.