

APPLICATION FOR EMPLOYMENT



Bodyworks is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis, including race, color, age, sex religion, disability or national origin.

Please Print Legibly

PERSONAL INFORMATION				
Last Name		First Name		Middle Initial
Address		City	State	Zip Code
Home Phone	Mobile Phone	Email		How Did You Hear About Us?
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are not a citizen of the U.S., do you have legal authority to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT DESIRED		
Position <input type="checkbox"/> Front Desk <input type="checkbox"/> Sales <input type="checkbox"/> Management <input type="checkbox"/> Personal Trainer <input type="checkbox"/> Instructor <input type="checkbox"/> Clerical <input type="checkbox"/> Maintenance <input type="checkbox"/> Other:		
Date You Can Start	Hours Available	Minimum Salary / Hourly Rate
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied at Bodyworks before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? (month, year)		
Have you ever worked for Bodyworks before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of last supervisor		
If you worked for Bodyworks before, what was your reason for leaving?		

SKILLS - Place a check mark in the box next to the skills you possess. Place a 'C' in the box if you are certified.				
<input type="checkbox"/> Type 45+ WPM	<input type="checkbox"/> MS Word	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Marketing Skills	<input type="checkbox"/> Human Resources
<input type="checkbox"/> 10-Key By Touch	<input type="checkbox"/> MS Excel	<input type="checkbox"/> Supervisory	<input type="checkbox"/> Project Planning	<input type="checkbox"/> Receptionist / Telephone
<input type="checkbox"/> MS Access	<input type="checkbox"/> Office Machines	<input type="checkbox"/> Training / Instructing	<input type="checkbox"/> Occupational Safety	<input type="checkbox"/> Sales
<input type="checkbox"/> MS Powerpoint	<input type="checkbox"/> Researching	<input type="checkbox"/> Technical Writing	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Internet
<input type="checkbox"/> MS Outlook	<input type="checkbox"/> Management	<input type="checkbox"/> Collections	<input type="checkbox"/> Accounting	
<input type="checkbox"/> Other _____				
If checked, be prepared to provide samples of your work. If necessary, on a separate page, list any other skills or training courses not listed above which may be helpful to us when considering your application.				

EDUCATION			
High School (Include City and State)	No. Of Years Completed	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University (Include City and State)	No. Of Years Completed	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree
Trade, Business or Correspondence School (Include City and State)	No. Of Years Completed	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certifications

APPLICATION CONTINUES ON NEXT PAGE

FOR OFFICE USE ONLY			
Date Received	Interview Date	<input type="checkbox"/> Q <input type="checkbox"/> NQ <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Hired	Date / Method of Notification:		
10-Key Results	Typing WPM	Profile	I E P A

EMPLOYMENT HISTORY		List Current or Most Recent Positions First	
Employer Name		Address, City, State	
Phone	Department	Type of Business	Your Position
Duties and Responsibilities		Beginning Salary / Wage	Ending Salary / Wage
Supervisor's Name & Position			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Dates (Month and Year) From _____ To: _____		Reason For Leaving (if applicable)	

Employer Name		Address, City, State	
Phone	Department	Type of Business	Your Position
Duties and Responsibilities		Beginning Salary / Wage	Ending Salary / Wage
Supervisor's Name & Position			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Dates (Month and Year) From _____ To: _____		Reason For Leaving (if applicable)	

Employer Name		Address, City, State	
Phone	Department	Type of Business	Your Position
Duties and Responsibilities		Beginning Salary / Wage	Ending Salary / Wage
Supervisor's Name & Position			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Dates (Month and Year) From _____ To: _____		Reason For Leaving (if applicable)	

REFERENCES			
Please list at least three professional or personal references to whom you are not related, and have known for at least one year. *Type of reference = personal or professional.			
Full Name and Address	Telephone	How Long Acquainted?	Type of Reference

MILITARY SERVICE OR STATE MILITIA RECORD		
Branch of Service	Dates of Service - From / To	Did you receive a dishonorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INFORMATION	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details including year

Statement of Understanding

My signature below indicates that I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in the nature of a contract. I agree and understand that if Bodyworks, Inc. hires me, my employment will be at-will for an indefinite period of time and may be terminated at any time with or without cause or notice, at the option of Bodyworks, Inc., or myself. I understand that I have the right to end my employment at any time and that Bodyworks, Inc retains the same right. I also understand that no one has the authority to enter into any contract, agreement or modification at the foregoing unless such contact, agreement or modification is in writing and signed by the President or General Manager of Bodyworks, Inc.

Authorization

"I certify that the facts I have provided in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statement on this application shall be grounds for immediate dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning any previous employment and any pertinent information they may have, personal or otherwise, and release the company from any and all damage that may result from this information. I also understand and agree that no Bodyworks representative has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized

By Submitting This Form Online, You Agree To The Above

Applicant Signature (if online, type your full name)

Printed Name

Date