

## PERSONAL INFORMATION Complete ALL applicable information

NAME (Full - Last, First, MI)						TODAY'S DATE	
STREET ADDRESS			CITY, STATE & ZIP			HOME / CELL PHONE	
POSITION(S) APPLIED FOR			DESIRED SALARY			WHEN CAN YOU START EMPLOYMENT?	
WHEN ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY PLEASE INDICATE HOURS / DAYS AVAILABLE:							
SUN.	MON.	TUE.	WED.	THUR.	FRI.	SAT.	
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH OUR COMPANY?						WERE YOU HIRED?	
WHEN?		WHERE?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU OVER 18 YEARS OF AGE?			ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?				
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain below. A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.							

## EMPLOYMENT HISTORY List below last three employers, starting with the most recent on first

PRESENT OR LAST POSITION		NAME OF COMPANY			FROM MO/YR	TO MO/YR
STREET ADDRESS			CITY		STATE	ZIP
DUTIES			REASON FOR LEAVING			
STARTING SALARY	FINAL SALARY	BONUS	COMMISSION	MAY WE CONTACT YOUR SUPERVISOR?		
NAME OF SUPERVISOR		TITLE AND DEPARTMENT OF SUPERVISOR			PHONE NUMBER OF SUPERVISOR	
STARTING SALARY		FINAL SALARY	BONUS	COMMISSION	MAY WE CONTACT YOUR SUPERVISOR?	
NAME OF SUPERVISOR		TITLE AND DEPARTMENT OF SUPERVISOR			PHONE NUMBER OF SUPERVISOR	
POSITION		NAME OF COMPANY			FROM MO/YR	TO MO/YR
STREET ADDRESS			CITY		STATE	ZIP
DUTIES			REASON FOR LEAVING			
STARTING SALARY	FINAL SALARY	BONUS	COMMISSION	MAY WE CONTACT YOUR SUPERVISOR?		
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NAME OF SUPERVISOR		TITLE AND DEPARTMENT OF SUPERVISOR			PHONE NUMBER OF SUPERVISOR	
POSITION		NAME OF COMPANY			FROM MO/YR	TO MO/YR
STREET ADDRESS			CITY		STATE	ZIP
DUTIES			REASON FOR LEAVING			
STARTING SALARY	FINAL SALARY	BONUS	COMMISSION	MAY WE CONTACT YOUR SUPERVISOR?		
NAME OF SUPERVISOR		TITLE AND DEPARTMENT OF SUPERVISOR			PHONE NUMBER OF SUPERVISOR	
STARTING SALARY		FINAL SALARY	BONUS	COMMISSION	MAY WE CONTACT YOUR SUPERVISOR?	
NAME OF SUPERVISOR		TITLE AND DEPARTMENT OF SUPERVISOR			PHONE NUMBER OF SUPERVISOR	

## EDUCATION INFORMATION

School Level	Name & Location	No. Yrs. attended	Graduate?	Subjects Studied
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER				

## PROFESSIONAL REFERENCES Please provide 3 references that can verify your qualifications

Name	Occupation	Address/Phone	Relationship

## ADDITIONAL COMMENTS Use the space below to note any additional skills or experience that further qualifies you for the position.

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## PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.
- I also understand Pacific Northwest Fitness is an Equal Opportunity Employer that administers all its employment policies in a nondiscriminatory manner. I specifically authorize Pacific Northwest Fitness to investigate my background, including any and all references, consistent with the position for which I am applying, and release and hold Pacific Northwest Fitness harmless for any and all claims, causes of action, damages, obligations and liabilities rising out of its investigation of my application for employment.
- I authorize the references listed above to give Pacific Northwest Fitness any and all information concerning my previous employment and pertinent information they may have, persona or otherwise and release all parties from all liabilities from any damage that may result from furnishing same to you.

DATE

SIGNATURE