

Lacey Ultimate Fitness Center
5823 Lacey Blvd SE Ste. I
Lacey, WA 98503



Employment Application

Date of Application: _____

Instructions: Please write or print plainly. Read each question carefully and answer to the best of your ability.

NAME: Last:		First:		Middle Initial:	Date of Birth
PRESENT ADDRESS: Street:		City:		State,Zip:	How Long?
PREVIOUS ADDRESS: Street:		City:		State,Zip:	How Long?
Home Phone:	Business Phone:	Other Names Known By:		Are you at least 18 years of age: Yes_____ No_____	

* Have you ever been convicted of a felony or any other criminal offense involving dishonesty or a breach of trust? _____ Yes _____ No

Who referred you to us?	(Optional) Do you have a salary requirement of which we should be aware?
What position(s) are you applying for?	

Are you Interested in Full-Time _____? Part-Time _____? Date you could start work: _____

Days available: _____ available weekends: _____; evenings: _____; hours available: _____

Briefly tell us why you think you would be a qualified applicant for the job desired?

Are you a former employee? _____ Yes _____ No If Yes, Date of former employment: _____

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? (In answering this question, please refer to the job description for the position which you are applying. If none was provided, please skip this questions.) _____ Yes _____ No

Do you have the legal right to work in the U.S. will be required within the first three days of employment. _____ Yes _____ No

If hired, documented proof of citizenship or legal right to work in the U.S. will be required within the first three days of employment.

EDUCATIONS

HIGH SCHOOL DIPLOMA OR EQUIVALENT? _____ YES _____ NO

Name:	City & State:	Average Grade:	Degree Received:
High School:	_____		
College/University:	_____		

SKILLS AND APPLICATIONS

Please list your skills below:

Have you ever been discharged or given the opportunity to resign? Explain:

List character references other than relatives or former employers:

Name Address City Occupation Phone Number

WORK HISTORY

List most recent employer first.

<u>COMPANY</u>	<u>SUPERVISOR</u> <u>Name/Title</u>	<u>MAY WE CONTACT:</u> ____ Yes ____ No
<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
<u>LENGTH OF EMPLOYMENT</u> From: To:	<u>JOB TITLE</u>	Did you supervise anyone? If Yes, How many? _____
<u>DESCRIPTION OF RESPONSIBILITIES:</u>		
<u>REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY</u>		<u>LAST SALARY</u>

<u>COMPANY</u>	<u>SUPERVISOR</u> <u>Name/Title</u>	<u>MAY WE CONTACT:</u> ____ Yes ____ No
<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
<u>LENGTH OF EMPLOYMENT</u> From: To:	<u>JOB TITLE</u>	Did you supervise anyone? If Yes, How many? _____
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<u>REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY</u>		<u>LAST SALARY</u>

<u>COMPANY</u>	<u>SUPERVISOR Name/Title</u>	<u>MAY WE CONTACT:</u> ____ Yes ____ No
<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
<u>LENGTH OF EMPLOYMENT</u> From: To:	<u>JOB TITLE</u>	Did you supervise anyone? If Yes, How many? _____
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<u>REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY</u>		<u>LAST SALARY</u>

<u>COMPANY</u>	<u>SUPERVISOR Name/Title</u>	<u>MAY WE CONTACT:</u> ____ Yes ____ No
<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
<u>LENGTH OF EMPLOYMENT</u> From: To:	<u>JOB TITLE</u>	Did you supervise anyone? If Yes, How many? _____
<u>DESCRIPTION OF RESPONSIBILITIES:</u>		
<u>REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY</u>		<u>LAST SALARY</u>

APPLICANTS: Please read carefully before signing:

I certify that the information on this application is true and correct; I understand that a thorough investigation of my work history will be made and all information I have provided on this application may be verified. I authorize such investigation and the giving and receiving of any information requested and I release from liability any person giving or receiving such information. I understand that a background check may be made prior to being hired or throughout my employment. I understand that falsification or misleading information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.

In the event that I am employed, I understand that members' names and membership information are to be held in strict confidence, and I agree that I will not, during or after my term of employment, disclose any of Lacey Ultimate Fitness Center's trade secrets or confidential information.

I understand this application is not a contract of employment and that in the event that I am employed, I may with or without notice, at any time voluntarily terminate my employment. I further understand that I may be terminated by the employer at any time, for any or no reason, with or without notice. Any verbal statements or promises by the employer or its agents to the contrary are hereby expressly disavowed and may not be relied upon by any employee.

Applicants Signature: _____ Date: _____