

# ELMIRA FITNESS CENTER EMPLOYMENT APPLICATION

PERSONAL INFORMATION		
FIRST NAME	LAST NAME	APPLICATION DATE
CURRENT ADDRESS		
HOME PHONE	SSN	BIRTH DATE
CELL PHONE	EMAIL ADDRESS	

DESIRED POSITION		
DESIRED POSITION	AVAILABLE START DATE	
ARE YOU CURRENTLY EMPLOYED?	MAY WE CONTACT YOUR PRESENT EMPLOYER?	CONTACT PERSON:
DO YOU INTEND TO CONTINUE IN YOUR CURRENT JOB IF YOU ARE HIRED?		

EMPLOYMENT HISTORY			
DATE: MONTH & YEAR MOST RECENT AT TOP	EMPLOYER NAME & ADDRESS	POSITION HELD	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

EDUCATIONAL BACKGROUND			
	SCHOOL NAME & LOCATION	DATES	DEGREE (IF APPLICABLE)
HIGH SCHOOL			
COLLEGE			

**ELMIRA FITNESS CENTER ~ 3162 LAKE ROAD ~ HORSEHEADS NY 14845  
607-733-0145 ~ WWW.ELMIRAFITNESS.COM**

FULL TIME _____ PART TIME _____	EXPECTED # WEEKLY HOURS
IF HIRED, DO YOU EXPECT TO CONTINUE EMPLOYMENT FOR AT LEAST ONE YEAR? IF NO, PLEASE EXPLAIN	
PLEASE LIST AVAILABLE HOURS	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	
ARE YOU NOW, OR HAVE YOU EVER BEEN CERTIFIED IN: FIRST-AID _____, CPR _____ PLEASE LIST APPROXIMATE EXPIRATION DATE	

<b>REFERENCES</b> PLEASE LIST THREE PEOPLE <u>NOT</u> RELATED TO YOU FOR WHOM YOU HAVE WORKED			
NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED