



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability status or any other legally protected status.

(Please print and answer each question completely.)

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
Number Street City State Zip code

Home Telephone () - Cellular Telephone () -

Email Address _____

Are you eligible for employment in the United States? Yes _____ No _____
(Proof of citizenship or immigration status will be required upon employment.)

Are you over the age of 18 years? Yes _____ No _____
(If no, you may be required to provide authorization to work.)

Have you been convicted of a felony or misdemeanor in the last seven years? Yes _____ No _____
(A conviction record will not necessarily result in the denial of employment.)

Have you ever worked for Catalyst Fitness or any affiliated businesses? Yes _____ No _____ If yes, please give details:

Have you ever applied here before? Yes _____ No _____ If yes, please give details:

Are any of your relatives presently employed with the company? Yes _____ No _____
If yes, please provide name of relative: _____

Are you employed now? Yes _____ No _____ May we contact your present employer? Yes _____ No _____

GENERAL INFORMATION

For which position are you applying? _____

Location Preference? _____

Full or Part-time? _____

Can you perform the job with or without reasonable accommodation? _____

EDUCATION

Please answer this question fully and describe all education from high school to the present:

	Name and Location of School	Years Completed	Major Course	Diploma/ Degree
High School				

College _____

Other _____

Special courses, apprenticeships, workshops or seminars _____

WORK HISTORY

Please complete the following for all past employers for up to ten years starting with the most recent experience; also, include military and/or volunteer experience. It is not acceptable to omit any employer during this time period. (Use extra paper if needed.)

Employer	From	To
Address	Phone	
Starting pay	Ending Pay	
Main duties		
Why did you leave?	Supervisor's Name	

Employer	From	To
Address	Phone	
Starting pay	Ending Pay	
Main duties		
Why did you leave?	Supervisor's Name	

Employer	From	To
Address	Phone	
Starting pay	Ending Pay	
Main duties		
Why did you leave?	Supervisor's Name	

Employer	From	To
Address	Phone	
Starting pay	Ending Pay	
Main duties		
Why did you leave?	Supervisor's Name	

Employer	From	To
Address	Phone	
Starting pay	Ending Pay	
Main duties		
Why did you leave?	Supervisor's Name	

Since the beginning of your employment history, has there ever been a period of one month or more during which you were not employed? If so, please describe.

Are there any other experiences, skills or qualifications that you feel would especially fit the position for which you are applying?

REFERENCES Please list contact information for at least three professional references, who are not related to you. If you have them listed on a separate sheet, you may attach the sheet.

Name	Company Name
Job Title	Daytime Phone Number
Evening Phone Number	Number of Years You Have Known This Person

Name	Company Name
Job Title	Daytime Phone Number
Evening Phone Number	Number of Years You Have Known This Person

Name	Company Name
Job Title	Daytime Phone Number
Evening Phone Number	Number of Years You Have Known This Person

CERTIFICATE OF APPLICANT (*Read carefully before signing.*) All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection, or if employed, may result in dismissal. I authorize any former employer or person listed on this form to answer any questions and agree to hold all persons harmless for giving information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. I further understand, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time upon notice by either myself or the company. I understand that my employment- at- will status can be changed only if agreed to in writing and signed by the owners of the company. If employed, I agree to comply with all reasonable rules of the company as a condition of continued employment.

Date _____ Signature of Applicant _____