

Metro Fitness prohibits discrimination in employment because of race, color, sex, religion, age, national origin, disability, citizenship status, participation in military service or any other unlawful basis in accordance with all applicable federal and state laws.

www.metrofitnessohio.com

RATE:

**PERSONAL INFORMATION**

Today's Date / /

Name \_\_\_\_\_  
Last First Middle Social Security Number Other names, by which you have been known

Address \_\_\_\_\_  
Number Street City State Zip Code

Home Telephone Number ( ) \_\_\_\_\_  
Area Code Number Work (or Message) Telephone Number ( ) \_\_\_\_\_  
Area Code Number

Are you legally eligible to work in the U.S.?  Yes  No E-mail Address \_\_\_\_\_

FACILITY:

**POSITION DESIRED**

What kind of position are you applying for? (Check One)  Sales  Personal Trainer  Management

What type of employment do you want? (Check One)  Full Time  Part Time

What are the two (2) most important factors to you in choosing a job? 1. \_\_\_\_\_

What are your wage expectations per hour? \$ \_\_\_\_\_ 2. \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your employer?  Yes  No

Have you ever applied to Metro Fitness before?  Yes  No

When? \_\_\_\_\_ Where? \_\_\_\_\_

What schedule are you available to work? (Time-Include AM or PM)

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

For which locations are you applying?

Worthington  Central  Hilliard  Pickerington  Delaware  Metro V

D.O.H.

NAME:

**OTHER INFORMATION**

Have you ever been convicted of a crime (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No	List all convictions, showing offenses and date:
In your prior employment, have you had shortages or misunderstandings about merchandise or funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe fully:
Have you ever been terminated from a job or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list dates and explain:
Do you have transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you perform the essential functions of the job for which you are applying, with or without reasonable accomodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special licenses/certificates earned:	

OFFICE USE ONLY



## EMPLOYMENT HISTORY

Begin with your current or most recent position and include military service, full time jobs and self employment.

**NOTE: Even if we have your resume, please complete the WORK HISTORY in detail.**

Company:	Telephone Number:	Your Position:
Address:	Duties:	
Dates Employed:	Supervisor:	Supervisor Title:
Reason For Leaving:	Earnings (Starting/Ending)	
Company:	Telephone Number:	Your Position:
Address:	Duties:	
Dates Employed:	Supervisor:	Supervisor Title:
Reason For Leaving:	Earnings (Starting/Ending)	
Company:	Telephone Number:	Your Position:
Address:	Duties:	
Dates Employed:	Supervisor:	Supervisor Title:
Reason For Leaving:	Earnings (Starting/Ending)	
Company:	Telephone Number:	Your Position:
Address:	Duties:	
Dates Employed:	Supervisor:	Supervisor Title:
Reason For Leaving:	Earnings (Starting/Ending)	

## EDUCATION

High School (or G.E.D.): <i>(name and address)</i>	G.P.A.:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major course of study:
College: <i>(name and address)</i>	G.P.A.:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major course of study:
Graduate School: <i>(name and address)</i>	G.P.A.:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major course of study:
Have you taken any other specialized courses/seminars? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe:	

## CHARACTER REFERENCES: Give three (3) references who are not relatives or former employers

Name:	Occupation:	Years Known:	Telephone Number:
Name:	Occupation:	Years Known:	Telephone Number:
Name:	Occupation:	Years Known:	Telephone Number:

## EMERGENCY INFORMATION *In case of emergency, please notify:*

Name \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First Middle Area Code Number

Address \_\_\_\_\_  
Number Street City State Zip Code

## ACKNOWLEDGEMENT

I authorize Metro Fitness to verify my past employment and education, criminal records, credit history, motor vehicle records, personal references and other job-related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information and I release them from any liability as a result of such inquiries or disclosures. I understand that false or misleading statements on this application or concealment of requested facts may be considered cause for disqualification or termination.

I understand that nothing in this employment application, in Metro Fitness' statements or personnel guidelines or in my communications with any Metro Fitness official is intended to create an employment contract between Metro Fitness and me. I also understand that Metro Fitness has the right to modify its policies without giving me any notice of the change(s). I understand that if an employment relationship is established, I have the right to terminate my employment at any time. I also understand that Metro Fitness retains the right to terminate my employment at any time.

NAME (print) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Results of interview: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_