



Jump Start Health & Fitness

APPLICATION FOR EMPLOYMENT

Jump Start Health & Fitness is an Equal Opportunity employer.

This application is not contractual in nature. If the applicant is hired, the employment relationship is Employment-at-Will. This means that the employee may terminate his/her employment at any time and for any reason. Similarly, the employer may terminate the employee's employment at any time and for any reason not prohibited by law.

Application for Employment

(Please Print)

Last Name	First Name	M.I.
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Street Address	City	State	Zip	Phone No.
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Position(s) Applied For: _____

EMPLOYMENT HISTORY

Begin with current or last employer, include military service assignments. If you include volunteer activities, you may exclude organizations that indicate race, color, religion, national origin, disability or other protected status.

Employer #1	From	To	Job Title
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Street Address	City	State	Zip	Phone No.
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Supervisor's Name	Ending Wage	Reason for Leaving
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Duties or Responsibilities (If more space is needed, please use back of this sheet. Indicate which employer number)

Employer #2	From	To	Job Title
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Street Address	City	State	Zip	Phone No.
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Supervisor's Name	Ending Wage	Reason for Leaving
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Duties or Responsibilities (If more space is needed, please use back of this sheet. Indicate which employer number)

Application for Employment (Continued)

Employer #3	From	To	Job Title
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Street Address	City	State	Zip	Phone No.
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Supervisor's Name	Ending Wage	Reason for Leaving
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Duties or Responsibilities (If more space is needed, please use back of this sheet. Indicate which employer number)

Employer #4	From	To	Job Title
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Street Address	City	State	Zip	Phone No.
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Supervisor's Name	Ending Wage	Reason for Leaving
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Duties or Responsibilities (If more space is needed, please use back of this sheet. Indicate which employer number)

EDUCATION

	Yes	No
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High School Attended	Location	Diploma (Y/N)
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College/University	Location	Degree or # Years Attended	Course of Study
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Trade/Professional School	Location	Degree or # Years Attended	Course of Study
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Graduate School	Location	Degree or # Years Attended	Course of Study
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List any specialized training, apprenticeship, and extracurricular activities

QUALIFICATIONS

List special job skills and experience which qualify you for this position (If more space is needed, use the back of this page)

List membership to any professional, trade, business or civic organizations/offices (You may exclude organizations that indicate race, color, religion, national origin, disability or other protected status.)

List foreign languages which you speak fluently

MILITARY HISTORY

Are you a veteran of the Armed Services? Yes No What is your current status? _____

If yes, what type of training or education did you receive while in the military?

PERSONAL

If hired, can you provide proof that you are of legal age to work? Yes No

If you are under 18, can you furnish a work permit? Yes No

Have you ever applied to us before? Yes No When: _____

Have you ever been employed with us before? Yes No When: _____

May we contact your present employer? Yes No

May you legally work in the United States? Yes No

Are you currently on "layoff" status subject to recall? Yes No

Have you been convicted of any crime other than traffic violations? Yes No

If yes, please explain: _____
(A conviction does not constitute an automatic bar from employment, however, the seriousness of the crime and the date of conviction will be considered.)

If applying for a position that requires driving, have you ever been ticketed for a moving violation? Yes No

If yes, please explain: _____
(Having a moving traffic violation does not constitute automatic bar from employment.)

Application for Employment (Continued)

If applying for a position that requires driving, do you have an appropriate license? Yes No

What days and times are you available to work? _____

Full Time / Part Time

If required, are you available for travel? Yes No

If required, are you available for relocation? Yes No

REFERENCES (Other than Relatives)

Providing this information gives Associated Therapeutics, Inc. permission to contact the reference listed.

1. Name Address Phone No.

2. Name Address Phone No.

3. Name Address Phone No.

Applicant's Acknowledgement

This application shall be considered active for no more than 45 days. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee.

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Applicant's Signature

Date