

APPLICATION FOR EMPLOYMENT WITH MOUNTAINSIDE FITNESS CENTERS revised 7/1/04

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. **EMPLOYMENT-AT-WILL:** Employment with Mountainside Fitness Centers is not for a specific term and it can be terminated by either the employee or Mountainside, with or without cause and with or without notice, at any time. **Mountainside requires each new employee to complete training & drug screening through our H.R. Company, Manage Staff, prior to working in the position they are hired for. BACKGROUND CHECKS WILL BE CONDUCTED.**

(PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLE
ADDRESS: NUMBER	STREET	CITY
		ZIP CODE
TELEPHONE #	OTHER #	SS#

POSITION APPLYING FOR: _____ <i>(Must identify position)</i>	DATE: _____
Hours / Days Available: _____	# Of Hours Desired: _____

How did you learn about us? _____ Referred by: _____

Prior employment with Mt.side? Yes___ No ___ Are you over 18 yrs. old? Yes___ No ___

Are you currently employed? Yes___ No ___ May we contact your present employer? Yes___ No ___

Current Employer: _____ Supervisor: _____ Employer Phone _____

Do you speak any foreign languages? _____ Date you're available for work? _____

Have you ever been terminated or asked to resign from any previous employment? Yes ___ No ___
 If yes, please explain: _____

Have you been convicted of a felony? Yes___ No ___ *(Conviction will not necessarily disqualify an applicant from employment)*
 If yes, please explain: _____

Are you legally eligible for employment in the U.S.? Yes___ No ___; *if no, please explain on back*

Describe any specialized job-related training, apprenticeship, experience, certifications, degrees, skills and extra-curricular activities

EDUCATION

NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
High School			
College			
Trade/Business School			

FORMER EMPLOYERS (most recent to least recent)

DATE MONTH/YEAR	NAME & PHONE #	SALARY POSITION	REASON FOR LEAVING
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PERSONAL REFERENCES(do not use family)			
1. _____	(NAME)	(ADDRESS)	(PHONE #) (RELATION)
2. _____	(NAME)	(ADDRESS)	(PHONE #) (RELATION)
3. _____	(NAME)	(ADDRESS)	(PHONE #) (RELATION)

Have you been given a job description? Yes No

Do you understand the job requirements? Yes No

Can you perform the requirements of the job with or without reasonable accommodation? Yes No

** Applications are kept on file for 30 days from the date the application is signed.*

**Certification and Release: I certify that I have read and understand the application and my answers and Statements in regard to the questions are accurate, truthful and complete to the best of my knowledge and belief. I understand that any false information may result in discharge at any time during my employment.*

Applicant Signature

Date

Manager to Complete Below Information

FOR PERSONNEL DEPARTMENT USE ONLY

Hire Date: _____	Start Date: _____	Dept./Location: _____
1st Interview Date: _____	Dept. Manager Init. _____	
2nd Interview Date: _____	Manager Init. _____	