

East Penn Children's Fitness Academy

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____ Email _____

Phone # home _____ cell _____ work _____

Emergency contact Name _____ Address _____ Phone # _____

Position for which you are applying _____ Date you can start _____

A Availability We are a 7-day a week business with emphasis on nights and weekends.

How many hours per week are you available for work? _____ (LIST TIMES BELOW)

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)

Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions.

Have you obtained the Pennsylvania Child Abuse History Clearance? Yes No

Have you obtained the Pennsylvania State Police Criminal Record Check? Yes No

Have you obtained the Federal Criminal History Record? Yes No

Have you ever been fingerprinted? Yes No

Do you have your current CPR and First Aid Certification? Yes No

Have you ever taken any CPR or First Aid courses? Yes No

References List two professional references familiar with your work ability (exclude relatives).

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

This job requires an individual to be physically fit.

Do you exercise regularly? Yes No

Do you smoke? Yes No What exercises do you prefer?

EDUCATION

Name and location of school	Circle highest year completed	Graduated	Degree/Major
High School or GED NAME: ADDRESS	9 10 11 12	YES <input type="checkbox"/> NO <input type="checkbox"/>	
College or University NAME: ADDRESS	FR SO JR SR	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other (Specify) NAME: ADDRESS	1 2 3 4	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Are you now enrolled? YES NO If yes, name and location of school _____

Availability during school vacations: FULL PART NONE

Other education, training, skills or hobbies relevant to employment consideration _____

EMPLOYMENT HISTORY

Beginning with the most recent employment, list the last four employers (including military service) or cover at least a seven year period, whichever is longer. Use separate sheet if necessary.

Current or Most Recent Employer	Phone ()	From	To	
Street		Mo. Yr.	Mo. Yr.	
City	State	Base Salary or Wage		
	Zip	Starting	Ending	
Job Title and Duties		Supervisor's Name		
		Reason for leaving		
Previous Employer	Phone ()	From	To	
Street		Mo. Yr.	Mo. Yr.	
City	State	Base Salary or Wage		
	Zip	Starting	Ending	
Job Title and Duties		Supervisor's Name		
		Reason for leaving		
Previous Employer	Phone ()	From	To	
Street		Mo. Yr.	Mo. Yr.	
City	State	Base Salary or Wage		
	Zip	Starting	Ending	
Job Title and Duties		Supervisor's Name		
		Reason for leaving		
Previous Employer	Phone ()	From	To	
Street		Mo. Yr.	Mo. Yr.	
City	State	Base Salary or Wage		
	Zip	Starting	Ending	
Job Title and Duties		Supervisor's Name		
		Reason for leaving		

*ALL employment information above must be completed in full for your application to be considered.

In the past seven years have you ever been discharged, suspended or asked to resign by an employer? YES NO

If yes, give employer name, date of action, and reason _____