

# POWER SHACK FITNESS CENTERS APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

## PERSONAL INFORMATION

DATE

NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS	WHERE?	WHEN?

## EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
OTHER			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE)

DATE MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

CONTINUED ON OTHER SIDE

**REFERENCES** Give the names of three persons not related to you, whom you have known at least one year.

NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

**AVAILABILITY**

HOW MANY HOURS A WEEK DO YOU WANT TO WORK? _____ WHEN ARE YOU AVAILABLE TO WORK?							
HOURS AVAILABLE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

In consideration of my employment, I agree to conform to company rules, regulations, and policies, and agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the company or myself. I understand that the rules and regulations and any personnel manual do not constitute a contract of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REMARKS**


APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

STARTING PAY \_\_\_\_\_