



EMPLOYMENT APPLICATION



COAST FITNESS ASSURES EQUAL EMPLOYMENT OPPORTUNITY WITHOUT DISCRIMINATION BECAUSE OF RACE, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, RELIGION, CREED, AGE, COLOR, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY, PREGNANCY, CHILDBIRTH OR RELATED MEDICAL CONDITION, OR VETERAN STATUS.

Please print in ink clearly | Please complete all sections of this application | If you have a resume, fill out application completely and attach.

PERSONAL INFORMATION

Last Name		First Name		Middle Initial	
Present Address:	Street	City	State/Zip Code	Telephone (Evening) () -	
Permanent Address:	Street	City	State/Zip Code	Telephone (Day) () -	

Are you 18 years of age or older? (if under 18, hire is subject to verification that you are of minimum legal age: i.e.: you will be required to submit a current work permit)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security Number: _____ Driver's License Number: _____ State Issued: _____
Are you legally authorized to work in the U.S.? (Proof of identity and legal authority to work in the U.S. is a condition of employment)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If a position you are applying for requires operation of a vehicle, can you provide a copy of your current DMV record, a valid drivers license and proof of insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

POSITION

How did you hear about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Job Fair <input type="checkbox"/> Referral: <input type="checkbox"/> Other:								
Position applying for:		Please indicate the days and hours you are available to work:						
		MON	TUES	WED	THU	FRI	SAT	SUN
Employment status desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time								
Date available to start work: Have you have ever worked for a health club? If yes, when?		Do you have any friends or relatives working for Coast Fitness? If yes, state name(s) and relationship:					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? If no, describe the functions that cannot be performed:							<input type="checkbox"/> YES <input type="checkbox"/> NO	

This section is for fitness trainer or group exercise instructor applicants:

Name of Certification	Issued Date	Expiration Date	Has your certification ever been revoked or suspended? If yes, state reason(s), date of revocation or suspension and date of reinstatement: <input type="checkbox"/> YES <input type="checkbox"/> NO
1.			
2.			
3.			

EDUCATIONAL BACKGROUND

Circle the highest year completed		GED <input type="checkbox"/>	HIGH SCHOOL 1 2 3 4	COLLEGE 1 2 3 4 5 6 7	TRADE SCHOOL 1 2 3 4
High School	City, State & Zip Code	Graduate YES NO			
College	City, State & Zip Code	Graduate YES NO	Type of Degree	Major Subject	
Trade School	City, State & Zip Code	Graduate YES NO	Type of Degree	Major Subject	
Do you have any other experience, training or skills which you feel make you especially qualified for work at Coast Fitness?					
Have you ever been suspended, discharged or asked to resign from a job? (if yes, please explain) <input type="checkbox"/> YES <input type="checkbox"/> NO					

10-YEAR EMPLOYMENT HISTORY (You must complete this section even if attaching a resume)

1. Company		Employment Dates (MO/YR) From: _____ To: _____	
Address, City State & Zip Code		Position Title Starting: _____ Ending: _____	
Supervisor Name	Telephone () -	Reason for Leaving	
Responsibilities and Accomplishments		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Company		Employment Dates (MO/YR) From: _____ To: _____	
Address, City State & Zip Code		Position Title Starting: _____ Ending: _____	
Supervisor Name	Telephone () -	Reason for Leaving	
Responsibilities and Accomplishments		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Company		Employment Dates (MO/YR) From: _____ To: _____	
Address, City State & Zip Code		Position Title Starting: _____ Ending: _____	
Supervisor Name	Telephone () -	Reason for Leaving	
Responsibilities and Accomplishments		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Company		Employment Dates (MO/YR) From: _____ To: _____	
Address, City State & Zip Code		Position Title Starting: _____ Ending: _____	
Supervisor Name	Telephone () -	Reason for Leaving	
Responsibilities and Accomplishments		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROFESSIONAL REFERENCES (List three persons, other than relatives, who have knowledge of your work experience and/or

Name	City/State	Telephone () -	Occupation	Years Known
Name	City/State	Telephone () -	Occupation	Years Known
Name	City/State	Telephone () -	Occupation	Years Known

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand, where permissible under applicable law, I may be subject to a drug test after receiving a conditional offer of employment and must receive a negative result before being permitted to commence work with the Company.

I understand, where permissible under applicable law, I may be subject to a medical examination after receiving a conditional offer of employment and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the Company.

I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcriptions requested.

I understand employment with the Company is contingent upon me providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

I understand and agree that either the Company or I may terminate my employment relation with the Company at will, at any time, with or without cause or notice.

I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or express contract employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or his/her authorized representative.

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

I understand an offer of employment is conditioned upon complying with all the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Printed Name: _____ Signature: _____ Date: ____/____/____

Witness Printed Name: _____ Signature: _____ Date: ____/____/____



CRIMINAL BACKGROUND
CHECK AUTHORIZATION AND LIABILITY RELEASE



I voluntarily authorize Coast Fitness, any parent, subsidiary or affiliates (collectively "employer" or "company") to conduct an investigation of whether I have a record of criminal charges filed or convictions, and, if so, of the nature of those charges filed or convictions including all surrounding circumstances or for any other reason as determined by employer or company.

I understand that this background check will focus on charges filed or convictions and that a criminal record will not necessarily disqualify me from employment.

I understand that the report of this investigation will be used to make decisions about my employment, including one or more of the following: hiring, firing, promotions and reassignment.

I release employer, its employees, officers, representatives, investigative agency and anyone else from all claims, liability and damages that may result from negligently investigating, furnishing, communicating, reviewing or evaluating information pursuant to this criminal background check and from the use of the report. This release means I am waiving claims for negligence, misrepresentation, emotional distress, invasion of privacy, interference with prospective business relations or contract, breach of contract and any other negligent act. I expressly intend that this release is a broad and inclusive as is permitted by law. Also, if any portion of this release is held invalid, the balance of the release will continue in full legal force.

The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements or omissions on this application, my resume or accompanying documents, may result in termination, regardless of the time elapsed before discovery.

I understand that an offer of employment is contingent upon satisfactory proof of lawful employment status, as set forth in the Immigration Reform and Control Act of 1986 and reference and background checks. I understand that the employer or any agent thereof may conduct an investigation into my previous employment, educational background and reference information including job performance, salary history, employment dates, etc. If so, I will be provided with separate notification and authorization. I understand that my employment will be contingent upon any such investigation and I will provide my consent to such investigation. I release the employer, its subsidiaries and current or former employers from any liability resulting from any information provided in connection with this application. Finally, I understand that if I am offered employment by the employer my employment will be "at-will" meaning that either I or the employer may end the employment at any time with or without cause.

By signing below, I acknowledge that I have read this Authorization and Release and understand and agree with each of its terms.

Printed Name: _____ Signature: _____ Date: ____/____/____

Witness Printed Name: _____ Signature: _____ Date: ____/____/____