



MNFLYERS
GYMNASTICS AND FITNESS

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

First _____ M. Initial _____ Last _____ Date _____

Address _____ Apt _____ City _____ State _____ Zip _____

Cell Phone _____ Office Phone _____ Other Phone _____

Email Address _____ Social Security Number _____

Position Sought _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Type of employment you are seeking: Full-time Part-time Other: _____

Are you a US citizen, or otherwise authorized to work in the U.S. without any restriction? Yes No

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

Emergency Contact Name: _____ Relationship _____

Phone Number _____ Work Number _____ Other _____

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

HUMAN RESOURCES USE ONLY

Start Date: _____

Position: _____

Pay Rate: _____

Status: Full-time or Part-time

EMPLOYMENT HISTORY

Please list THREE YEARS of employment history, starting with the most recent Employer first:

1. Employer _____ Job Title _____
Dates Employed (start) _____ (end) _____ Starting Wage _____ Ending Wage _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Supervisor Name _____
Duties Performed _____
Reason for Leaving _____ May we contact this employer? Yes No

2. Employer _____ Job Title _____
Dates Employed (start) _____ (end) _____ Starting Wage _____ Ending Wage _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Supervisor Name _____
Duties Performed _____
Reason for Leaving _____ May we contact this employer? Yes No

3. Employer _____ Job Title _____
Dates Employed (start) _____ (end) _____ Starting Wage _____ Ending Wage _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Supervisor Name _____
Duties Performed _____
Reason for Leaving _____ May we contact this employer? Yes No

4. Employer _____ Job Title _____
Dates Employed (start) _____ (end) _____ Starting Wage _____ Ending Wage _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Supervisor Name _____
Duties Performed _____
Reason for Leaving _____ May we contact this employer? Yes No

Please explain gaps in employment history: _____

REFERENCES

Please list the names of three persons NOT related to you, whom you have known at least one year.

1. Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____

2. Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____

3. Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize Paymasters to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further agree to indemnify Paymasters against any and all liability that may result from making such investigation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I also acknowledge and understand that I am applying for employment with Paymasters, that if hired I will be an employee of Paymasters, and as a condition of my employment with Paymasters, Paymasters has the right to transfer my services to any available position, therefore, I agree to participate in any training that may be necessary to satisfy the position. I further agree that I will abide by all the rules, regulations, and policies of Paymasters and that failure to do so may be cause for termination. I further agree that in the event I am advanced any money by Paymasters or any of its subscribers, and fail to make payment as agreed, Paymasters, Inc. may deduct the amount unpaid from any wage I may have coming.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature: _____

Date: _____