



# APPLICATION FOR EMPLOYMENT

Position(s) Applied For	What type of employment are you interested in? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship	Date Available
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## PERSONAL INFORMATION

Today's Date	Last Name	First Name	Middle Initial
Address		City	State    Zip    Home Phone
Have you ever worked for Health Fitness Corporation in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when and in what capacity?    _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Date</span> <span>Job Title</span> </div>			
If hired, can you present evidence of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## EDUCATION

	Name of School	Location	Degree/Major Courses	Did you Graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other training or licensures not listed above that would be an asset to the position for which you are applying (i.e. seminars, CPR Certification, etc.)

## EMPLOYMENT HISTORY

Company Name & Location	Job Title	Dates of Employment		Reason For Leaving	May we contact this employer?
		From	To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any specific job-related experience not listed above that directly relates to the position for which you are applying

## REFERENCES

Type of Reference	Name	Phone	Occupation	Length of Relationship
<input type="checkbox"/> Professional <input type="checkbox"/> Personal				
<input type="checkbox"/> Professional <input type="checkbox"/> Personal				
<input type="checkbox"/> Professional <input type="checkbox"/> Personal				

## SIGNATURE

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of information in connection with my application for employment will be reason for rejection of the application or termination of employment whenever discovered. I understand Health Fitness Corporation is an employer at will, and therefore, either the company or myself may end the employment relationship at any time and for any reason, so long as there is not violation of applicable state and/or federal law.

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