

Application for Employment

** PLEASE PRINT * COMPLETED FORM CAN BE FAXED TO 702-398-3384 **

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____
Last First Initial

Address _____
Street City State Zip

Telephone Number _____ Position Applied For _____

Social Security Number _____ Are you over 18 years old? _____

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? _____

Name of a person to be notified in case of emergency _____
Name Relationship

Address _____ Phone _____
Street City State Zip

Do you have any medical history that would limit your ability to perform the job applied for or to perform the job without endangering the health or safety of yourself or others? _____

*** EDUCATION ***

High School _____
Name City State

Other Training or Education _____
Name City State

*** WORK HISTORY ***

Most Recent Employer _____
Name City State

Personal Reference _____
Name City State

Other Employers or References _____
Name City State

*** APPLICANTS CERTIFICATION AND AGREEMENT ***

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge.

I understand that if I am employed, false statement may result in dismissal. I authorize the Company to make an investigation of any facts set forth in this application.

I understand that employment at this Company is "at will" which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

All employment is continued on that basis.

Applicant's Signature _____ Date _____

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On the WEB oldogym.com