

# Westwood Healthy and Fitness Application for Employment

Date: \_\_\_/\_\_\_/\_\_\_

## APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

NAME:

\_\_\_\_\_

First

Middle

Last

ADDRESS:

\_\_\_\_\_

Street

(Apt)

City, State

Zip

Contact Information:

( )

( )

Cell

Home

Position Desired:

\_\_\_\_\_

Available Start Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Desired Pay Rate:

\_\_\_\_\_

Per Hour

EDUCATION:

	Name and Location?	Graduate?	Degree?	Major?
High School:	_____	_____	_____	_____
	_____			
College or University	_____	_____	_____	_____
	_____			
Specialized Training, Trade School	_____	_____	_____	_____
	_____			
Other Education	_____	_____	_____	_____
	_____			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Days/ Hours Available to work:

No Pref

\_\_\_\_\_

Thur

\_\_\_\_\_

Mon

\_\_\_\_\_

Fri

\_\_\_\_\_

Tue

\_\_\_\_\_

Sat

\_\_\_\_\_

Wed

Sun

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Date: \_\_\_/\_\_\_/\_\_\_

**Have you ever been convicted of a crime?** Y/N \_\_\_\_\_

If yes, please explain number of conviction (s), nature of offense (s) leading to conviction (s), how recently such offense (s) was/were committed, sentence (s) imposed, and type (s) of rehabilitation.

**Do you have a Driver's License?**

What is your means of transportation to work?

## MILITARY

Have you ever been in the armed forces?

Y/N \_\_\_\_\_

Are you now a member of the National Guard?

Y/N \_\_\_\_\_

Specialty \_\_\_\_\_

Date Entered \_\_\_\_\_

Discharge Date \_\_\_\_\_

**Work Experience**

Please list your work experience of the past five years beginning with your most recent job held.

Name of employer

Name of last supervisor

City

Employment dates:

State

From:

Phone number

To:

Your last job Title:

Reasons for leaving (be specific)

List the jobs you've held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Name of employer	Name of last supervisor
City	Employment dates:
State	From:
Phone number	To:
Your last job Title:	
Reasons for leaving (be specific)	
List the jobs you've held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	
Name of employer	Name of last supervisor
City	Employment dates:
State	From:
Phone number	To:
Your last job Title:	
Reasons for leaving (be specific)	
List the jobs you've held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	
May we contact your present employer?	Y/N _____
Did you complete this application yourself?	Y/N _____
If not, who did?	

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Date: \_\_\_/\_\_\_/\_\_\_

Please list two references other than relatives or previous employers.

Name	Name
Position	Position
Company	Company
Address	Address
Telephone ( )	Telephone ( )

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.


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

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