



Have you ever been employed by Indiana Fitness Works, Inc?  Yes  No

If yes, give date and, reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Do you have any relatives that are employed here?  Yes  No If yes, please list them by name: \_\_\_\_\_

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation? *(Conviction or plea will not necessarily disqualify applicant from employment)*  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged from any position?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever had your licensure revoked? \_\_\_\_\_ If yes, why? \_\_\_\_\_  
\_\_\_\_\_

Name of person we should notify in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Phone No.: \_\_\_\_\_

Type of School	Name of School	City and State	Circle Number of Years Completed	Course Pursued Degrees Granted
Grade School			1 2 3 4 5 6	
Junior High School			1 2 3	
Senior High School			1 2 3 4	
College or University			1 2 3 4	
Business, Trade, or Technical School				
Graduate School				

List the name, address, and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_  
Name Address Telephone No. Relationship
2. \_\_\_\_\_  
Name Address Telephone No. Relationship
3. \_\_\_\_\_  
Name Address Telephone No. Relationship

Please list all employers over the past 10 years including contact information, job responsibilities, and beginning and ending salaries. You may attach an additional sheet if necessary. Also, include job-related military service assignments and volunteer activities to reflect your qualifications for employment.

Employer	Employment Dates	Work Performed:
	From:	
Address	To:	Reason for Leaving:
Telephone ( )	Salary / Hourly Rate	
Job Title	Starting:	
Immediate Supervisor:	Final:	
Employer	Employment Dates	Work Performed:
	From:	
Address	To:	Reason for Leaving:
Telephone ( )	Salary / Hourly Rate	
Job Title	Starting:	
Immediate Supervisor:	Final:	
Employer	Employment Dates	Work Performed:
	From:	
Address	To:	Reason for Leaving:
Telephone ( )	Salary / Hourly Rate	
Job Title	Starting:	
Immediate Supervisor:	Final:	
Employer	Employment Dates	Work Performed:
	From:	
Address	To:	Reason for Leaving:
Telephone ( )	Salary / Hourly Rate	
Job Title	Starting:	
Immediate Supervisor:	Final:	
Employer	Employment Dates	Work Performed:
	From:	
Address	To:	Reason for Leaving:
Telephone ( )	Salary / Hourly Rate	
Job Title	Starting:	
Immediate Supervisor:	Final:	

Registries:

Board Status: Certified/Date Received: \_\_\_\_\_

Registry Eligible: \_\_\_\_\_ Test Date: \_\_\_\_\_

State License(s): \_\_\_\_\_

Certification Numbers: \_\_\_\_\_

May we contact the employers listed above?  Yes  No

If no, indicate which one(s) you do NOT wish us to contact, and state the reason why you prefer that we do not contact the employer(s).

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(Application continues on back. Please complete.)

State any additional information you feel would be helpful in considering your application.

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**Applicant's Statement**

(Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph)

\_\_\_\_\_ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading, or omitted information in my application may disqualify me from employment or result in discharge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry.

\_\_\_\_\_ I hereby release all parties, including but not limited to Indiana Fitness Works, Inc, personal references, and previous employers, from and all liability for any injury or damage that may result from their furnishing information to Indiana Fitness Works, Inc concerning me or any action Indiana Fitness Works, Inc takes on the basis of such information.

\_\_\_\_\_ I agree to submit to a medical examination, including drug testing, if required, and understand that any offer of employment is contingent upon the results of that examination.

\_\_\_\_\_ I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information, with reference to me as may be necessary for the consideration of this application. I understand that this consent to release of medical records is revocable, in writing, by me at any time.

\_\_\_\_\_ I understand that this application is not to be intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Indiana Fitness Works, Inc, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other Indiana Fitness Works, Inc material do not create any guarantee of employment and that Indiana Fitness Works, Inc has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Indiana Fitness Works, Inc, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on Indiana Fitness Works, Inc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date