



Application for Employment

It is the policy of Peak Fitness to provide equal employment opportunities without regard to race, color, religion, sex, national origin, disability or veteran status. **It is also policy to hire only individuals legally authorized to work in the United States.**

NOTE; WE ARE A DRUG-FREE WORKPLACE

REV 03/2013

PLEASE: PRINT IN INK, COMPLETELY AND LEGIBLY

Date: _____ How did you hear about the job opening? _____

Name: _____

Have you ever been employed elsewhere under any other name(s) such as a maiden name? No Yes; Name = _____

Address: _____
Street City State Zip

Home Phone Number: _____ Cell Phone Number: _____

Position(s) Applying For: _____ Pay desired: _____

All positions require regular & consistent attendance & punctuality. Most require repetitive bending, stooping, twisting, turning, pushing, pulling, lifting up to 50 pounds, & may require an employee to stand for up to 8 hours. Is there any reason you would not be able to fulfill these physical requirements? Yes No

If Yes, please advise us of accommodation: _____

Are you available to work: (circle one) Full Time? Part Time? Weekends? Evenings? Holidays?

What days or hours are you **NOT** available to work? _____

Are you at least 18 years of age? Yes No

Are you available to work overtime if asked? Yes No

Do you have the legal authorization to work in the United States? Yes No

Are you currently a Health Club Member? Yes No

During the past 10 yrs, have you been convicted of, or have you pled guilty or no contest to, a felony offense of any kind? Yes No. Driving while intoxicated? Yes No. Driving under the influence of a prohibited, controlled, intoxicating, or illegal substance? Yes No. Sexual offense/assault? Yes No. Child abuse/sexual offense? Yes No
 If Yes, please explain, (Note: the terms of your probation may prohibit you from working here) _____

Have you ever worked for us before? Yes No
 When? _____ What position? _____

Have you ever served in the United States Armed Services? Yes No
 Branch & duties: _____

Are you employed now? _____ Yes _____ No
 May we contact your present employer? _____ Yes _____ No

What, if any, special certifications do you presently hold? _____

Education	Name / Location of School	Course of Study	# of Years Completed	Did You Graduate?
High School				
College				
Other				

EMPLOYMENT HISTORY

Begin with your current or last job. Include military service assignments & volunteer activities if you wish them to be considered. List all FT, PT, and temporary jobs. Account for & explain any gaps in employment. Since we will verify your previous employment, experience, & education, **phone numbers are critical.** Use a supplemental sheet if necessary. **Complete applications** may be attached to a resume.

1.	Employer:		Dates employed		
	Address:		From:	To:	
	Phone:		Pay rate during your employment:		
	Job title:	Supervisor:	Starting:	Ending:	
	Duties:				
Reason for leaving:					
2.	Employer:		Dates employed		
	Address:		From:	To:	
	Phone :		Pay rate during your employment:		
	Job title:	Supervisor:	Starting :	Ending:	
	Duties:				
Reason for leaving:					
3.	Employer:		Dates employed:		
	Address:		From:	To:	
	Phone:		Pay rate during your employment:		
	Job Title:	Supervisor:	Starting:	Ending	
	Duties:				
Reason for leaving:					

Work Related References	Phone Number	# of Years Acquainted	Relationship To

By signing below, I certify the information provided in this Application for Employment is true, correct, complete & to the best of my recollection. I understand if employed, any misstatement or omission of fact or falsifying any response on this application may result in my dismissal if discovered at a later date. I understand, if hired, I will be an At-Will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer at any time during my employment. I also understand this means I am free to quit my employment at any time, for any reason, without notice. I understand no representative of the company, other than the General Manager, has authority to change the terms of At-Will employment & any such change can occur only in a written employment contract signed by the General Manager & all the Owners. I hereby authorize Peak Fitness to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release from all liability or responsibility all persons, institutions or former employers identified by me requesting or supplying information to Peak Fitness.

Signature

Date

Rev 03/2013



NOTICE TO APPLICANTS

EMPLOYMENT AT WILL

PEAK FITNESS SUBSCRIBES TO THE POLICY OF EMPLOYMENT AT WILL. PEAK FITNESS CAN TERMINATE AN EMPLOYEE'S EMPLOYMENT AT ANY TIME; WITH OR WITHOUT ADVANCE NOTICE, FOR ANY REASON OR NO REASON, WITH OR WITHOUT CAUSE. AN EMPLOYEE CAN ALSO TERMINATE EMPLOYMENT WITH PEAK FITNESS AT ANY TIME AND FOR ANY REASON. PERMANENT EMPLOYMENT OR EMPLOYMENT FOR A SPECIFIC TERM CANNOT BE GUARANTEED OR PROMISED BY ANY PERSON, OFFICER, DIRECTOR, MANAGER, CONTRACTOR OR OTHERS EMPLOYED WITH PEAK FITNESS UNLESS THIS IS DONE VIA A WRITTEN CONTRACT SIGNED BY THE GENERAL MANAGER & ALL OWNERS.

Signature _____ Date _____



INVITATION TO SELF IDENTIFY

Applicants & employees, who wish to benefit under an *Affirmative Action Program* at Peak Fitness are invited to identify themselves. *This information is voluntarily provided*, it will be kept confidential, & refusal to provide it will not subject any applicant or employee to any adverse treatment. Nothing shall preclude employees from informing the company, at a future time, of a desire to benefit under this program. If you do not wish to complete this form, simply sign below & return it.

I identify myself as:

1. Ethnicity: (check one)

Caucasian/non-Hispanic African-American Hispanic Asian/Pacific Islander Native American/Alaskan Native.

2. Gender: Male Female

3. Special Disabled Veteran: Yes No

(1) A veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Veterans Administration for a disability: a) rated at 30% or more, or b) rated at 10% or 20% in the case of a veteran who has been determined under Section 1506 of Title 38 USC to have a serious employment handicap; (2) A person who was discharged or released from active duty because of service-connected disability.

4. Veteran of the Vietnam Era: Yes No

A veteran, any part of whose active military, naval or air service was during the period August 5, 1964 through May 7, 1975, who: (1) served on active duty for a period of more than 180 days & was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability. No veteran may be considered to be a veteran of the Vietnam Era under this paragraph after December 31, 1994.

5. Disabled: Yes No

Any person who (1) has a physical or mental impairment, which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having impairment. For purposes of this part, a disabled individual is substantially limited if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of a disability.

Signature

Date



NOTICE TO APPLICANTS

CRIMINAL BACKGROUND CHECKS

ALL FINAL CANDIDATES MUST SUCCESSFULLY PASS A CRIMINAL HISTORY & BACKGROUND INVESTIGATION PROCESS BEFORE ANY JOB OFFER MAY BE CONSIDERED BY MANAGEMENT STAFF.

CANDIDATES NOT WISHING TO PARTICIPATE IN THE CRIMINAL HISTORY & BACKGROUND PROCESS SHOULD NOTIFY HUMAN RESOURCES IMMEDIATELY.

Signature _____ Date _____



**CRIMINAL & BACKGROUND INVESTIGATION RELEASE
& AUTHORIZATION FORM**

In accordance with my Privacy Rights, I hereby have been advised by Peak Fitness, the information described below is required to assist in making an employment advancement determination concerning me.

I understand the execution of this form is voluntary & understand should I choose not to allow Peak Fitness authorization to obtain the information I shall not be considered for any type of employment advancement or new employment; regular; probationary, contract or otherwise.

I hereby authorize Peak Fitness to obtain information from all personnel, educational institutions, government agencies, to include the State of Texas Department of Public Safety, former employers, companies, corporations, workers' compensation information, law enforcement agencies or other individuals or agencies relating to my past employment or activities, to supply any & all information concerning my background, & release same from any liability resulting from providing such information. The information received may include, but is not limited to academic records, job performance, behavior, attendance, personal history, disciplinary, motor vehicle, workers' compensation, & criminal records including but not limited to felonies & misdemeanors.

I understand the information released is for consideration of my employment advancement, new employment application, resume & possibly for determining my qualifications for future assignments. All information gathered as a result of this form is confidential & private & shall not be shared with other persons or institutions without my advance consent.

For purposes of gathering information, I agree to supply the following information, which may be required by law enforcement agencies & other entities for positive identification purposes in checking records. It is considered confidential & will not be used for other purposes.

Please print clearly:

First Name _____ Initial _____ Last Name _____

Social Security Number: _____ Date of birth _____

Drivers License Number: _____ State: _____

Signature _____ Date _____



NOTICE TO APPLICANTS

DRUG FREE WORKPLACE

**PEAK FITNESS SUPPORTS A
DRUG-FREE WORK WORKPLACE.**

**ALL FINAL CANDIDATES MAY BE REQUIRED
TO SUCCESSFULLY PASS A PRE-EMPLOYMENT
DRUG SCREEN.**

**ADDITIONALLY, EMPLOYEES OF PEAK
FITNESS MAY BE SUBJECT TO SUBMITTING
TO A DRUG SCREEN POST ACCIDENT, FOR
REASONABLE SUSPICION OR AT RANDOM.**

Signature _____ Date _____



**APPLICANT & EMPLOYEE AGREEMENT & CONSENT
TO DRUG & ALCOHOL TESTING**

I hereby agree, upon a request made under the Drug & Alcohol Testing policy of Peak Fitness, to submit to a drug & or alcohol test & to furnish a sample of my urine, breath, &/or blood for analysis. I understand & agree if I at any time refuse to submit to a drug or alcohol test under Peak Fitness policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination if employed or will not be considered for employment if an applicant. I further authorize & give full permission to have the Peak Fitness designated physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, & for the laboratory or other testing facility to release any & all documentation relating to such test to Peak Fitness and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Peak Fitness to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless Peak Fitness, the physician, & any testing laboratory Peak Fitness might use, meaning I will not sue or hold responsible such parties, for any alleged harm to me which may result from such testing, including loss of employment or any other kind of adverse job action which may arise as a result of the drug or alcohol test, even if the medical facility or the laboratory makes an error in the administration or analysis of the test or the reporting of the results. I further hold harmless Peak Fitness, the physician, & any testing laboratory for any alleged harm to me which may result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy & the procedures as explained in the paragraph above.

I have read this policy & authorization form & I understand & have been notified if I have any questions regarding the test or the policy, they shall be answered.

I UNDERSTAND PEAK FITNESS MAY REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY FOR PRE-EMPLOYMENT CONSIDERATION. IF EMPLOYED, I UNDERSTAND PEAK FITNESS MAY REQUIRE A DRUG SCREEN TEST POST ACCIDENT (INVOLVED IN THE ACCIDENT OR INJURED IN THE ACCIDENT), RANDOMLY OR FOR REASONABLE SUSPICION. I ALSO UNDERSTAND AND CERTIFY I DO NOT HAVE ANY DETECTABLE AMOUNTS OF PROHIBITED SUBSTANCES IN MY SYSTEM AT THE TIME OF TAKING MY PRE-EMPLOYMENT DRUG SCREEN. I UNDERSTAND IF MY DRUG SCREEN TURNS OUT POSITIVE FOR A PROHIBITED SUBSTANCE, I WILL NOT BE ELIGIBLE FOR HIRE, OR IF I AM HIRED PENDING THE OUTCOME OF SUCH A TEST, I WILL BE SUBJECT TO IMMEDIATE TERMINATION.

Signature of Employee

Date

Rev 03/2013



AUTHORIZATION FOR PRIOR EMPLOYERS TO RELEASE INFORMATION

I, _____ (your name) hereby authorize my prior employers

_____ (prior employers name)

_____ (prior employers name)

_____ (prior employers name)

_____ (prior employers name)

to release any & all information relating to my employment with them to Peak Fitness. I further release & hold harmless both Peak Fitness and my prior employers from any & all liability which may potentially result from the release &/or the use of such information.

I understand any information released by my prior employers;

1. Will be held in the strictest confidence,
2. Will be viewed only by those involved in the hiring decision, &
3. Neither I nor anyone else, not so involved, has the right to see the information.

Applicant's Signature _____

Date _____