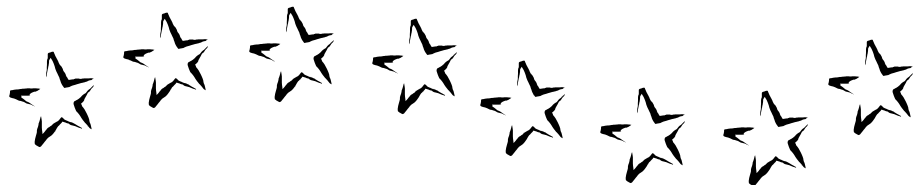


We are an equal opportunity employer that does not discriminate in hiring nor employment on the basis of race, religion, sex, age, national origin, or any other protected status.

As a condition of employment you may be subject to a background check, drug test and/or to sign certain privacy agreements.



Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit proof within the required time shall result in immediate employment termination

*“Thank you and have
a great day!”*

Application for Employment



www.betterbodiesnky.com

2230 Grandview Drive

Ft. Mitchell, KY 41017

Phone (859) 344-9995

Fax (859) 344-1045

Today's Date: _____

1. Personal Information (PLEASE PRINT)

Name: _____
First LAST

Address: _____

City State Zip

S.S. #: _____ - _____ - _____

Telephone: (____) - ____ - _____

2. Positions Applying For:

Manager Sales Receptionist
Kid's Club Personal Trainer
Aerobics/Spinning Instructor

A. Is there any information we would need about your name to be able to check your work record? YES () NO ()
If yes, please explain:

B. Do you have any relatives who are presently (or have formerly been) employed by the company? YES () NO ()
If yes, who:

C. How were you referred to the company?

D. Have you ever been arrested or convicted of a felony? YES () NO ()
If yes, please explain:

3. Educational History

High School: _____ Years Completed _____

College: _____

Degree: _____

Other: _____



4. Employment Record *Please include all employment for the last five years, or last 3 employers. (list from the most recent employer to the least recent employer)*

A. Company Name: _____

Position Held: _____

Dates Employed: _____

Manager/Supervisor: _____

Telephone: _____

Reason for Leaving: _____

B. Company Name: _____

Position Held: _____

Dates Employed: _____

Manager/Supervisor: _____

Telephone: _____

Reason for Leaving: _____

C. Company Name: _____

Position Held: _____

Dates Employed: _____

Manager/Supervisor: _____

Telephone: _____

Reason for Leaving: _____

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and

5. Work Availability

A. If your application receives favorable consideration, when will you be available to begin work? ____/____/____

B. Do you have any objection to working overtime? Yes () No ()

C. Can you work overtime without prior notice? Yes () No ()

D. Please provide hours you can work:

Mon. _____ Tues. _____

Wed. _____ Thurs. _____

Fri. _____ Sat. _____ Sun. _____

6. References *Please do not include relatives or former employers.*

A. Name: _____

Years Known: _____

Telephone: _____

Occupation: _____

B. Name: _____

Years Known: _____

Telephone: _____

Occupation: _____

C. Name: _____

Years Known: _____

Telephone: _____

Occupation: _____