



47 State Highway 345 Potsdam, NY 13676 315.262.0482
 www.bodyshopfitnessandsalon.com

Application for Employment

Date of Application:	_____
Applicant Name:	_____
Address:	_____
City:	_____ State: _____ Zip: _____

The person applying for employment must complete this application.

Body Shop Fitness & Salon, Inc is an Equal Opportunity Employer. All candidates will be evaluated on the basis of their qualifications for the job in question. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. Federal law, however, prohibits the employment of any person who does not have legal right to work in the United States.

Screening for illegal drug use and a criminal background check may be required as a condition of employment.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my performance history. I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

FOR COMPANY USE

Process Record	
Applicant Hired: _____	Rejected: _____
Date Employed: _____	Point Employed: _____
Department: _____	Classification: _____
<small>(If rejected, summary report of reasons should be placed in file)</small>	
Signature of Interviewing Company Representative: _____	

Termination of Employment	
Date Terminated: _____	Department Released From: _____
Dismissed: _____	Voluntarily Quit: _____ Other: _____
Termination Report Placed In File: _____	Supervisor: _____



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APPLICANT TO COMPLETE

For which positions(s) are you applying?

- | | |
|-----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Aerobics Instructor | <input type="checkbox"/> Manicurist/Pedicurist |
| <input type="checkbox"/> Certified Personal Trainer | <input type="checkbox"/> Registered Dietician |
| <input type="checkbox"/> Hair Stylist | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Licensed Massage Therapist | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Sales |

How did you hear about this opportunity at Body Shop Fitness & Salon, Inc? _____

Personal Information:

First Name:	Last Name:	Middle Initial:	Social Security Number:
Address:		Years At Address:	Date of Birth:
City:	State:	Zip:	Email:
Day Phone:	Evening Phone:	Cell Phone:	

If you've lived at the above address for less than three (3) consecutive years, please list previous addresses below:

Address:	Years At Address:
City:	State: Zip:
Address:	Years At Address:
City:	State: Zip:

Are you at least 18 years old? Yes No

Have you had any changes in name or used an assumed name? Yes No

If yes, please identify name(s): _____

Authorization to Work

Are you a U.S. citizen or legally authorized to work in the United States? Yes No

Conviction Record

Have you ever been convicted, sentenced, placed on probation, pleaded guilty or "no contest" or agreed to deferred adjudication involving a felony? Yes No

Have you ever been convicted, sentences, placed on probation, pleaded guilty or "no contest" or agreed to a deferred adjudication involving any crime relating to illegal drugs, theft, fraud, violence (e.g. assault, battery, etc.), or a sexual offense, which includes being required to register as a sexual offender? Yes No

Have you recently been arrested for any matters involving a potential felony or crime involving illegal drugs, theft, fraud, violence, or a sexual offense in which you currently are out on bail or your own recognizance pending trial? Yes No

Please respond to the following for any jobs involving driving Yes No

Have you ever been convicted or found guilty driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

Provide a brief explanation of those matters in which you answered "yes," except that a "yes" response is not required for any matter which has been sealed, expunged, statutorily eradicated or otherwise cleared from your record. Please include the county and state, the nature of the offense, the relevant dates, date of parole, probation officer's name and telephone number, if any, and your current status. A conviction record will not necessarily bar you from employment and will be considered as it relates to the job in question. State details and dates: Yes No

Have you ever signed an admission of guilt, paid back, or signed an agreement to pay back a theft? Yes No



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Employment History

Have you worked for Body Shop Fitness & Salon, Inc before? Yes No

Dates: From _____ To _____ Rate of Pay _____ Position _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No

If yes, explain if you wish. _____

All applicants must complete mailing address, street number, city, state and zip code for past employers. List employers in reverse order starting with the most recent. Add another sheet as necessary. PLEASE PROVIDE A MINIMUM OF 5 (FIVE) YEARS PAST EMPLOYMENT HISTORY.

PAST EMPLOYMENT

Employer	Dates:
Name: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip: _____	Salary/Wage: _____
Contact Person: _____	Phone Number: _____ Reason For Leaving: _____

Employer	Dates:
Name: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip: _____	Salary/Wage: _____
Contact Person: _____	Phone Number: _____ Reason For Leaving: _____

Employer	Dates:
Name: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip: _____	Salary/Wage: _____
Contact Person: _____	Phone Number: _____ Reason For Leaving: _____



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Other Experience/Qualifications

Do you have any special certifications: Yes No

If Yes, please complete the following information:

Name of Certificate/License:	Date Received:	Date of Expiration (if applicable):	Please describe if you have used your certification in real life applications, when & how:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Education

Highschool	Highest Grade Completed: _____
Name: _____	Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Address: _____	Major: _____
City: _____ State: _____ Zip: _____	Date Degree Received: _____

Trade School:	Highest Grade Completed: _____
Name: _____	Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Address: _____	Major: _____
City: _____ State: _____ Zip: _____	Date Degree Received: _____

College	Highest Grade Completed: _____
Name: _____	Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Address: _____	Major: _____
City: _____ State: _____ Zip: _____	Date Degree Received: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____