



EMPLOYMENT APPLICATION

Spiece Fitness is an Equal Opportunity Employer

5310 Merchandise Drive
 Fort Wayne, IN 46825
 260-483-1415 F) 260-969-1867
 HR@spiecefitness.com

Personal Information:

Title	Last Name	First Name				
Present address (include apt. number)		City, State			Zip Code	
Permanent address(include apt. number)		City, State			Zip Code	
Are you 18 years or older? Yes No		Phone			Alt. Phone	
E-Mail Address:						
What Days Are You Available? MON TUE WED THU FRI SAT SUN						
What Hours on These Days?						

Employment Desired

Position		Date you can start		Salary desired	
Are you currently employed? (circle one) Yes No		If so, may we inquire of your present employer? (circle one) Yes No			
Have you ever applied to this company before? (circle) Yes No		Have you ever worked for this company before? (circle) Yes No		If yes, when?	
How did you hear about employment at Spiece?					

Have you been convicted of a felony within the past 5 years? (circle) Yes No
 If "Yes" explain. (Conviction will not necessarily exclude you from consideration)

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Education

School Level	Name and Location of School	Number of Years Attended	Subjects studied/Major	Did You Graduate?
High School				
College				
Other				

In the space provided, explain briefly why you want to work for Spiece Fitness?

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List any special skills, related certifications:

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Former Employers - List below your last two employers, starting with the most recent

Name of recent or last employer			
Address	City	State	
Starting date	Leaving date	Job title	
Weekly starting salary	Weekly final salary	May we contact your supervisor for a reference? Yes No	
Name of supervisor	Title	Phone	
Description of work			
Reason for leaving			

Name of previous employer			
Address	City	State	Job title
Starting date	Leaving date	Job title	
Weekly starting salary	Weekly final salary	May we contact your supervisor for reference? Yes No	
Name of supervisor	Title	Phone	
Description of work			
Reason for leaving			

Professional References

Name	Title	Phone	Work Relationship
1.			
2.			
3.			

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature _____ Date _____