



APPLICATION

PERSONAL INFORMATION

Name: _____

Address: _____

Phone: home _____ cell _____

Date of Birth: _____

Social Security #: _____

POSITIONS for which you are applying: (circle all that apply)

Personal Trainer

Group Exercise Instructor

Fitness Room Supervisor

Times available: Mornings _____ Afternoons _____ Evenings _____

Total number of hours per week you would like to work: _____

Date available to start: _____

Certificates you possess: (Attach copies of fronts and backs of all cards to this application)

Personal Trainer and date issued _____

Group Exercise Instructor and date issued _____

First Aid and date issued _____

CPR and date issued* _____

Emergency Medical Training _____

*CPR certification required for all positions—must be obtained within the first 30 days of employment

Education:

High School: _____ Years Attended: _____ Grade Completed _____

College or Trade School: _____ Years Attended: _____

Area of Education: _____ Degree Earned: _____

REFERENCES

Two references who know you well (should not be related to you)

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

OVER

ATTENTION:

By applying to work for the City of Orange City Fitness Facility (OC Area Fitness), you agree to adhere to all the policies and procedures that are included in the employee handbook and other facility operational guides. With your signature, you agree to be a reliable work source.

APPLICANT STATEMENT:

Please state why you have applied for the positions indicated on the front of this application. What experiences have prepared you for the positions applied for, and what personal strengths do you possess that will be beneficial to these positions applied for.

EMAIL ADDRESS: _____

PRINTED NAME: _____

SIGNATURE: _____

DATE OF APPLICATION: _____