



Employment Application Form
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Name Last First Middle DATE

Present address Street City State Zip

How long you lived there Social Security No. Position applied for

Telephone () / Cell: Date of Birth Salary desired

E-Mail address:

Days/hours available to work? (N/Y) Mon Tue Wed Thur Fri Sat Sun

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? If under the age 18, Do you have a work permit?

TYPE OF SCHOOL NAME OF SCHOOL LOCATION # OF YEARS COMPLETED MAJOR & DEGREE
(Complete mailing address)

High School

College /Bus. Or Trade School

Skills and Qualifications Do you speak any other languages?

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? Yes No ID# State of issue Expiration date

Have you had any accidents during the past three years? How many?

OFFICE SKILLS

Typing N/Y WPM 10-key N/Y WPM

Other Skills

Please list two references other than relatives or previous employers.

Name Relationship

Address Telephone ()

Name Relationship

Address Telephone ()

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty Date Entered Discharge Date

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give a firm name. **Attach additional sheets if necessary.**

Name of Employer _____ Address _____ City, State, Zip Code _____

Name of last supervisor _____ Employment dates: From _____ To _____

Pay or salary: _____ Phone number () _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Name of Employer _____ Address _____ City, State, Zip Code _____

Name of last supervisor _____ Employment dates, From: _____ To: _____

Pay or salary: _____ Phone number () _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Name of Employer _____ Address _____ City, State, Zip Code _____

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

May we contact your present employer? Yes No
Did you complete this application yourself Yes No
If not, who did? _____

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above. I understand that in the hiring process I will take a drug test and get fingerprinted through the City of Santa Clarita and through the FBI. I understand that Hugo's Gymfitness may look into my online presence including but not limited to social networking sites.

Signature _____ Date _____