



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION		First Name	Middle Name	Last Name
Address (local)		City	State	Zip Code
Address (permanent)		City	State	Zip Code
Primary Telephone #	Secondary Telephone #	Birth Date	Social Security Number	Email Address

Date: **Please Circle:**

Are you legally eligible for employment in the USA? Yes No
 If no, please explain:

Have you ever worked with us before? Yes No
 If yes, when?

Have you ever been convicted of a felony? Yes No
 If yes, please explain:

Preferred T-shirt Size S M L XL XXL

If hired, when are you able to start working? Date:

How did you find out about this position?

Please list any additional training, specialties, languages, or certifications and years of experience:

Please list any relevant experience: healthcare, fitness, dance, or cheer and years of experience:

Please list any experience working with kids or volunteer activities and years of experience:

EMPLOYMENT INTERESTS	Please indicate area (s) of interest
_____ Camp Director	_____ Junior Camp Instructor
_____ Camp Instructor	_____ KidFit Class Instructor
_____ Dance Class Instructor	_____ Volunteer

EDUCATION/TRAINING		
High School	Course of Study	Degree/Diploma
City		Date of Graduation
State		
College/University	Course of Study	Degree/Diploma
City		Date of Graduation
State		
Other	Course of Study	Degree/Diploma
City		Date of Graduation
State		

WORK EXPERIENCE			
Dates	Total Years	Company Name	Supervisor's Name
From	To	Position Title	Supervisor's Title
Salary/Hourly Wage	# of hours per week	Address	Telephone
		Reason For Leaving	May we contact this employer?
Duties			
Dates	Total Years	Company Name	Supervisor's Name
From	To	Position Title	Supervisor's Title
Salary/Hourly Wage	# of hours per week	Address	Telephone
		Reason For Leaving	May we contact this employer?
Duties			
Dates	Total Years	Company Name	Supervisor's Name
From	To	Position Title	Supervisor's Title
Salary/Hourly Wage	# of hours per week	Address	Telephone
		Reason For Leaving	May we contact this employer?
Duties			

REFERENCES <i>Please do not use relatives</i>	Name and Occupation	Phone
1)		
2)		
3)		

CONDITIONS OF EMPLOYMENT		
<p>Ultimate Potential Fitness sets high standards for its employees and compliance with these standards is a condition of employment. If you are offered a position with Ultimate Potential Fitness, please carefully consider what we require of you before you accept. As an employee you are required to:</p> <ul style="list-style-type: none"> • Arrive on time. (10 minutes before class begins) • Participate in required training, meetings, and continuing education programs. • Maintain a positive, enthusiastic attitude. • Be a healthy role model for both kids and adults. • Follow company standards of professionalism. • Treat co-workers and managers with respect. • Be honest and dedicated in your work. • Maintain a professional appearance and comply with dress code. • Promote a healthy, positive lifestyle by refraining from smoking, drug, or alcohol use while at work. • Refrain from negative comments and profane language. • Be subject to a background check. <p>If you feel you can comply with the Conditions of Employment, please sign below and send application to Ultimate Potential Fitness, LLC PO BOX 28552, St. Louis, MO 63146. If you are unable to comply, please explain:</p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Signature	Date
Signature	Date	

STATEMENT OF VALIDITY		
<p>I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.</p> <p>I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason, and that Ultimate Potential Fitness retains the same rights. No Ultimate Potential Fitness representative has the authority to make any contrary agreement.</p> <p>I hereby give permission to contact the references listed.</p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Signature	Date
Signature	Date	

Please fax completed application to 314-432-5382 or send to:

