



TODAY'S DATE	POSITION DESIRED
NAME (LAST/FIRST/MI)	
HOME PHONE NUMBER	CELL PHONE NUMBER

**WORK OUT WORLD EMPLOYMENT APPLICATION**

FILL OUT ALL INFORMATION AND HIT THE SEND BUTTON AT THE END OF THE APPLICATION, OR FILL OUT AND BRING TO ONE OF OUR CONVENIENT LOCATIONS.

ADDRESS

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CITY STATE ZIP

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EMAIL DATE OF BIRTH

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SOCIAL SECURITY NUMBER (000-00-0000)

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TYPE OF EMPLOYMENT DESIRED

FULL TIME       PART TIME

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PREFERRED LOCATION (CHECK ONE OR MORE THAT APPLY)

CROMWELL       GLASTONBURY

MIDDLETOWN       WEST HARTFORD

CURRENT EMPLOYER

---

EMPLOYER'S ADDRESS

---

PHONE NUMBER EMAIL

---

STARTING DATE OF EMPLOYMENT

---

JOB POSITION/TITLE

---

REASON FOR DESIRED EMPLOYMENT CHANGE

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MAY WE CONTACT YOUR CURRENT EMPLOYER?

YES       NO

**SPECIFIC HOURS AND DAYS AVAILABLE TO WORK**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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ARE YOU A U.S. CITIZEN?

YES       NO

PROOF OF IDENTITY & LEGAL AUTHORITY TO WORK IN THE U.S. IS A CONDITION OF EMPLOYMENT.

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DATE AVAILABLE TO START WORK DESIRED SALARY PER HOUR

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LIST & EXPLAIN SPECIFIC QUALITIES, LICENSES, CERTIFICATES, TRAINING OR EXPERIENCE RELEVANT TO THE POSITION YOU'RE APPLYING TO:

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ARE YOU CURRENTLY EMPLOYED?

YES       NO

HAVE YOU EVER BEEN DISCHARGED, SUSPENDED OR ASKED TO RESIGN BY AN EMPLOYER?  YES       NO

IF YES, PLEASE EXPLAIN BELOW.

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HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR IN THE PAST 5 YEARS.  YES       NO

IF YES, PLEASE EXPLAIN BELOW.

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IF THE POSITION YOU'RE APPLYING FOR REQUIRES, CAN YOU PROVIDE PROOF OF A VALID DRIVER'S LICENSE & INSURANCE?

YES       NO

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HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT IN ANY WOW FITNESS CLUBS?  YES       NO

IF YES, PLEASE SPECIFY THE DATE AND LOCATION OF THE WOW FITNESS CLUB YOU APPLIED TO AND THE OUTCOME.

<b>EMPLOYMENT HISTORY</b>	
PAST EMPLOYER #1	
EMPLOYER'S ADDRESS	
PHONE NUMBER	EMAIL
DATES OF EMPLOYMENT	JOB POSITION/TITLE
REASON FOR LEAVING	
MAY WE CONTACT THE EMPLOYER LISTED ABOVE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
PAST EMPLOYER #2	
EMPLOYER'S ADDRESS	
PHONE NUMBER	EMAIL
DATES OF EMPLOYMENT	JOB POSITION/TITLE
REASON FOR LEAVING	
MAY WE CONTACT THE EMPLOYER LISTED ABOVE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p><b>REFERENCES:</b> PLEASE PROVIDE 3 REFERENCES, NOT RELATED TO YOU OR OTHER CLOSE FAMILY MEMBER, AND PREFERABLY PROFESSIONAL CONTACTS, SUPERVISORS OR CLIENTS THAT YOU HAVE KNOWN FOR ONE OR MORE YEARS.</p>	
CONTACT #1	
ADDRESS	
PHONE NUMBER	
CONTACT #2	
ADDRESS	
PHONE NUMBER	
CONTACT #3	
ADDRESS	
PHONE NUMBER	

<b>EDUCATIONAL HISTORY</b>		
HIGH SCHOOL		
CITY	STATE	ZIP
YEARS ATTENDED	YEAR GRADUATED	
CAREER PATH/FOCUS OF STUDY		
COLLEGE		
CITY	STATE	ZIP
YEARS ATTENDED	YEAR GRADUATED	
CAREER PATH/FOCUS OF STUDY		
BUSINESS/TRADE SCHOOL		
CITY	STATE	ZIP
YEARS ATTENDED	YEAR GRADUATED	
CAREER PATH/FOCUS OF STUDY		
<b>APPLICANT'S CERTIFICATION</b>		
<p>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 NO MATTER THE DATE OF DISCOVERY OF FALSE INFORMATION BY WOW FITNESS/WORK OUT WORLD.</p>		
<p>I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED 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.</p>		
<p>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 FORGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.</p>		
<p>THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.</p>		
DATE		
SIGNATURE (TYPE INITIALS FOR ELECTRONIC SIGNATURE)		