



**Body & Soul**  
*health and fitness*

# APPLICATION *for* EMPLOYMENT

Position applied for \_\_\_\_\_ Date available \_\_\_\_\_

Last name \_\_\_\_\_ First name(s) \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal code \_\_\_\_\_

Telephone (include area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Are you applying for:  Full-time  Part-time  Temporary

Hours available: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

## Work Experience (Please list most recent first)

01

Position \_\_\_\_\_ Dates of employment \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Beginning pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact this employer?  Yes  No

Responsibilities \_\_\_\_\_

02

Position \_\_\_\_\_ Dates of employment \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Beginning pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact this employer?  Yes  No

Responsibilities \_\_\_\_\_

03

Position \_\_\_\_\_ Dates of employment \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Beginning pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact this employer?  Yes  No

Responsibilities \_\_\_\_\_

List other relevant work experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education/training**

*List secondary and post-secondary education including course of study, and degree or diploma received (highest level achieved first)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*List other relevant training (most recent first)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other activities**

*List volunteer work, leadership positions, or other activities that you feel may be relevant to this application*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References**

Please provide three reference contacts other than family members or people you have previously worked with

Name	Telephone	Occupation
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Name	Telephone	Occupation
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Name	Telephone	Occupation
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Is there anything else you would like to tell us about yourself? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all information provided in this application is accurate and complete to the best of my knowledge, and I understand that intentionally providing false information could result in refusal of employment or discharge. I also authorize the employers, schools, organizations, or persons named above to provide information regarding my employment, education, character, and qualifications.

Signature

Date

*Office Use Only*