

Sparrow Functional Fitness

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

Are you at least 18 years or older? ☐ Yes ☐ No

Can you work any shift? ☐ Yes ☐ No If no, explain: _____

Can you work weekends? ☐ Yes ☐ No

Days/Times Available to Work: _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? ☐ If so may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? _____

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			



EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any Certifications, special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Do you have your CPR/First Aid certification? If yes, please provide expiration date.

What interests you about working at Sparrow Functional Fitness?

Describe your experience (if any) working with older adults, disabled individuals or clients in recovery:

What are your strengths as a trainer/coach/therapist?

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Sparrow Functional Fitness to hire me. If I am hired, I understand that either Sparrow Functional Fitness or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Sparrow Functional Fitness has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Sparrow Functional Fitness true and complete information on this application. No requested information has been concealed. I authorize Sparrow Functional Fitness to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.

Please return to mandy@SparrowFunctionalFitness.com