



Bailey's Gym, Inc.  
P.O. Box 8769, Jacksonville, Florida 32239  
www.baileysgym.com

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT  
(Please Print)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(List any other names you have used or currently use, including nicknames and married names.)

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Mobile phone ( ) \_\_\_\_\_ Business phone ( ) \_\_\_\_\_

May we contact you at work? Yes No

How were you referred to us?  Newspaper ad  School  On my own  Agency  Current employee  
 Other Name of referral source: \_\_\_\_\_

Indicate the position for which you are applying: \_\_\_\_\_

Do you wish to work:  Full time  Part time  Temporarily

Specify hours or days: \_\_\_\_\_

What is your minimum weekly salary requirement? \_\_\_\_\_ Date available for work: \_\_\_\_\_

Do you have any additional commitments to another employer that might affect your employment with us?

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

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for Each School Listing	No. of Years Completed	Degree, Major or Type of Course	Date Completed
High School				
College				
Graduate School				
Trade, Business, Night or Correspondence School				
Other				

MILITARY EXPERIENCE

Were you in the U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Separation: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

EMPLOYMENT HISTORY

List present employer or most recent employer first.

May we contact these employers?  Yes  No

Company		Employed	Supervisor's Name
Address		From: _____ Mo./Yr. To: _____ Mo./Yr.	Your Job Title
Telephone		Duties	
Your Salary			
Start	End		
Reason for leaving			

Company		Employed		Supervisor's Name	
Address		From: _____ Mo./Yr. To: _____ Mo./Yr.		Your Job Title	
Telephone		Duties			
Your Salary					
Start	End				
Reason for leaving					

Company		Employed		Supervisor's Name	
Address		From: _____ Mo./Yr. To: _____ Mo./Yr.		Your Job Title	
Telephone		Duties			
Your Salary					
Start	End				
Reason for leaving					

GENERAL INFORMATION

Are you legally authorized to work in the United States?  Yes  No  
*(All applicants are required to furnish proof of identity and legal work authorization prior to hire.)*

Are you below the age of 18?  Yes  No If less than 18, what is your age? \_\_\_\_\_  
 If less than 18, do you have appropriate employment or age certificates?  Yes  No

Have you ever been convicted of a criminal offense, plead guilty, or no contest?  Yes  No  
*(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)*

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature: \_\_\_\_\_

Have you previously applied for employment here?  Yes  No If yes, when? \_\_\_\_\_

Have you previously been employed by this company?  Yes  No If yes, when? \_\_\_\_\_

If employed by us, will you receive compensation from any other concurrent employment source?  Yes  No

If the answer is "yes", please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



REFERENCES (List at least three, not employers or relatives, whom you have known for at least one year)

Name and Address	Occupation	Phone	Years known

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative to age, sex, race, religion, color, national origin, or disability.)

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\_\_\_\_\_  
Witness to Applicant's Signature  
Signature/confirmation of Applicant's Signature

\_\_\_\_\_  
Applicant's Signature  
Date: \_\_\_\_\_

I understand that this application is considered in an "active" status only for a period of thirty (30) days. If I am not employed by the employer during this period of time, I must re-submit a new application for employment if there is a continued desire to be hired by the employer.

I understand that all information contained in this application will be checked or otherwise confirmed by the employer and I herewith specifically give the employer authorization to contact my prior employers and other sources of information regarding my background. In addition thereto, I hereby authorize any prior employer or reference or other source of information to answer any questions concerning my prior employment. I hereby agree to hold any employer, including the employer from whom application for employment is herewith made, or other source of information harmless of any claim arising from this authorization to provide information. I further understand that the employer may conduct a consumer report investigation on my background and if such is conducted, I may submit a written request to the employer for a complete copy of the requested information. I hereby release the employer and any firm performing the consumer investigation of any and all liability from any damage that may result from the investigation, use, or disclosure of such information.

I understand further that any misstatements or omissions on this application will result in a decision not to hire me or if employed to thereafter terminate my employment.

\_\_\_\_\_  
Witness to Applicant's Signature  
Signature/confirmation of Applicant's Signature

\_\_\_\_\_  
Applicant's Signature  
Date: \_\_\_\_\_