

APPLICATION FOR EMPLOYMENT:

Fitness Trainer

(PLEASE PRINT IN INK OR USE TYPEWRITER)

MAGIC MUSCLE
CORPORATION

TODAY'S DATE: _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Name _____	FIRST _____	M.I. _____	LAST _____
Address _____	NO. _____	STREET _____	
_____	CITY _____	STATE _____	ZIP CODE _____
Phone _____	HOME _____	MSG./BUS. _____	Social Security # _____

GENERAL QUESTIONS

Presently employed? ____ YES ____ NO

May we contact your Employer? ____ YES ____ NO

How did you hear about the position? _____

Have you filled an application with us before? ____ YES ____ NO

If yes, what position did you apply for? _____

Were you ever employed by us before? ____ YES ____ NO

If yes, what position? _____

Are you able to work part time or full time? _____

Have you ever been convicted of a felony? ____ YES ____ NO

Are you a U.S. Citizen? ____ YES ____ NO

Are you CPR Certified? ____ YES ____ NO

Are you a Certified Trainer? ____ YES ____ NO

If yes, by which association? _____

WRITTEN INTERVIEW

You are training a first time beginner with a weak knee. What exercises, sets and reps would you recommend?

Someone you are training asks you something you do not know. How do you handle the situation?

WRITTEN INTERVIEW (continued)

Your shift is finished and you have another engagement you have to hurry off to. The weights still have to be picked up. What do you do?

What types of workouts do you feel you specialize in and have the most knowledge of?

What is more important, having lots of technical knowledge, or being a good teacher, and why?

What special qualifications do you hope to bring to this job?

EDUCATION

	NAME AND LOCATION	NO. OF YRS. COMPLETED	MAJOR SUBJECT AREAS	DEGREE/DIPLOMA	GRADUATED YES NO	
HIGH SCHOOL						
COLLEGE						
TECH. SCHOOL						
OTHER						

List Honors earned:

Describe Specialized Training and/or Certifications:

List 3 personal references and their phone numbers other than your previous employers/supervisors:

- | NAME | HOW LONG YOU HAVE KNOWN THEM |
|----------|------------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

EMPLOYMENT EXPERIENCE

1	Employer	Date Employed		Job Duties
	Address/City	From	To	
	Job Title			
	Phone Number	Hourly Pay or Salary		
	Supervisor	Starting	Ending	
	Reason for Leaving			
2	Employer	Date Employed		Job Duties
	Address/City	From	To	
	Job Title			
	Phone Number	Hourly Pay or Salary		
	Supervisor	Starting	Ending	
	Reason for Leaving			
3	Employer	Date Employed		Job Duties
	Address/City	From	To	
	Job Title			
	Phone Number	Hourly Pay or Salary		
	Supervisor	Starting	Ending	
	Reason for Leaving			
4	Employer	Date Employed		Job Duties
	Address/City	From	To	
	Job Title			
	Phone Number	Hourly Pay or Salary		
	Supervisor	Starting	Ending	
	Reason for Leaving			

APPLICANT'S STATEMENT

<p>Applicant's Statement:</p> <p>I certify that all answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary, including a credit report or police record search. I understand that this application is not and is not intended to be a contract of employment.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand also that I am required to abide by all rules and regulations of the company, and that the rules and regulations may be revised from time to time without prior notice.</p> <p>Signed _____ Dated _____</p>	<p style="text-align: center;">For Office Use Only</p> <p style="text-align: center;">INTERVIEWED ALREADY</p> <p style="text-align: center;">ARRANGE INTERVIEW?</p> <p style="text-align: center;">COMMENTS:</p>
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