PARAGON GYM FOR KIDS

1015 Tyler Street, Fredericksburg, VA 22401 540-548-4966

Employment Application

		Applican	t Information					
Full Name:				Date:				
Address:	Last First			M.I.				
Addices.	Street Address	Apartment	Apartment/Unit #					
	City			State	ZIP Cod	de		
Phone: ()	E-I	mail Address:					
Date Availab	ole: Socia	I Security No.:		Desired Salary:	\$			
Position App	olied for:	erience?		YES	NO			
Are you a citizen of the United States? YES NO YES If no, are you authorized to work in the U.S.?								
Have you ev	ver worked for this company?		If yes, when?					
Have you ev	ver been convicted of a felon	/? \(\sum_{\text{PES}} \text{ NO} \(\sum_{\text{D}} \)						
If yes, expla	in:							
		Ed	ucation					
High School	:	Address	s:					
	To:		YES NO	Degree:				
College:		Address	s:					
From:	To:	Did you graduate	? YES NO	Degree:				
Other:		Address	s:					
From:	To:	Did you graduate	? YES NO	Degree:				
		Ref	erences					
Please list t	three references that are no	t relatives or super	rvisors.					
Full Name:		Relation	nship:					
Company:				Phone:()			
Address: _								
Full Name:		Relation	nship:					
Company:				Phone: ()			
Company:				Phone: ()			

		Previous Employ	ment			
Company:				Phone:	()	
Address:				Supervisor:		
Job Title:		Starting Salary:	\$		Ending Salary:	\$
Responsibilities:						
From:	To:	Reason for Leaving:	-			
May we contact your pre-	vious supervisor for a refere	nce?	N)] 	_	
Company:				Phone:	()	
Address:				Supervisor:		
Job Title:		Starting Salary:	\$		Ending Salary:	\$
Responsibilities:						
		Reason for Leaving:				
May we contact your pre-	vious supervisor for a refere	nce?	N	_	_	
Company:				Phone:	()	
Address:				Supervisor:		
Job Title:		Starting Salary:	\$		Ending Salary:	\$
Responsibilities:						_
From:	To:	Reason for Leaving:				
May we contact your pre-	vious supervisor for a refere	nce?)]		
		Military Servic	e			
Branch:				From:	To: _	
Rank at Discharge:		Тур	e of D	ischarge:		
If other than honorab	le, explain:					
		Disclaimer and Sig	natur	е		
I certify that my ans	wers are true and com	plete to the best of my k	nowle	dge.		
If this application lea may result in my rele		nderstand that false or n	nislead	ding informatio	on in my applica	ation or interview
Signature:					Date:	