

## **Employment Application**

It is the policy of The Cyclery & Fitness Center to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

		AF	PLICAN	IT INFORMATION						
Full Name:	ne:				Date:					
Last			First		M.I.					
Address:										
	Street Address					Apartment	/Unit #			
	City				State	ZIP Code				
Phone:				Email						
Date Available:Driver's		Driver's License N	o.:		Desired Salary: <u></u>					
Position Appl	ied for:									
Hours per wee	ek available:			Are you willing to wor	k evenings & we	ekends?	YES	NO		
Are you at least 18 years old?		YES	NO	If hired, are you able to su eligible for employment i		you are legally	YES	NO		
Were you referred to us by someone?		YES	NO	If yes, by whom?						
How did you	hear about us?									
Are you able	to perform the essential f	unctions of the job po	osition y	you seek with or without re	asonable accomm	nodation?	YES	NO		
What reasona	uble accommodation, if a	ny, would you reques	t?							

APPLICANT'S SKILLS

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which best corresponds to your ability for each skill (One represents poor ability, while five represents exceptional ability)

Skill	Years of Experience	Ability or Rating						
Customer Service		1	L	2	3	4	5	
Bicycle/Fitness Sales Experience		1	L	2	3	4	5	
Bicycle/Fitness Equipment Mechanic Experience		1	L	2	3	4	5	
Retail Experience		1	L	2	3	4	5	
Other:		1	1	2	3	4	5	

		EDUC	ATION				
High School:		Address:					
From:	To:	Did you graduate?	YES	NO	Diploma:		
College:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other Training (g technical, vocatio							
From:	To:	Did you graduate/complete?	YES	NO	Degree:		
		PREVIOUS E	MPLOYM	ENT			
Please list any pl	revious employmen	t.					
Company:					Positio	n Held:	
Address:							 
Phone #:							
Company:					Positio	n Held:	
Address:							 
Phone #:							
Company:					Positio	n Held:	
Address:							
Phone #:							
		REFEF	RENCES				
Please list three	non-relatives who	would be willing to provide a re	ference fo	or you.			
Full Name:					Relation	nship:	
Company:					Phone:		 
Address:							
Full Name:					Relation	nship:	
Company:					Phone:		 
Address:							
Full Name:					Relation	nship:	
Company:					Phone:		 
Address:							

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize The Cyclery & Fitness Center to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its managers, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will the right. Moreover, no agent, representative, or employee of The Cyclery & Fitness Center, except in a specific written contract of employment signed on behalf of the organization by its hiring manager has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE