

# PHOENIX FITNESS & MARTIAL ARTS

## Employment Application

Train. Renew. Transform.



APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Days/Hours Available										
Position Applied for										
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
EDUCATION										
High School					City/State					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					City/State					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					City/State					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone					
Email										
Full Name					Relationship					
Company					Phone					
Email										
Full Name					Relationship					
Company					Phone					
Email										



<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>	
Branch	From                      To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date