

S.A.F.E. – SAFETY AND FITNESS EDUCATORS
EMPLOYMENT APPLICATION

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

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____ Social Security _____

D.O.B. _____ Referred to us by _____

POSITION DESIRED: _____

Are you currently employed? () Yes () No

Have you applied here before? () Yes () No When? _____ Position applied for? _____

Date you can start? _____ () Full Time () Part Time () Temporary () Other _____

Current Certifications _____
(i.e. CPR, First Aid, WSI)

EMPLOYMENT EXPERIENCE

Start with your present job or last job. Include military assignments and other volunteer activities.

Employer 1 _____

Address _____

Phone # _____ Supervisors Name _____

Email _____ Job Title _____

Reason for Leaving _____ Dates of Employment From _____ To _____

Salary or Hourly rate _____ May we contact your present employer? () Yes () No

Employer 2 _____

Address _____

Phone # _____ Supervisors Name _____

Email _____ Job Title _____

Reason for Leaving _____ Years of Employment _____ Salary/Hourly rate: _____

Other jobs pertaining to the position you are applying for? _____

EDUCATION

Schools/Colleges Attended	# Years	Year Graduated	Degree

DESCRIBE ANY SPECIAL QUALIFICATIONS FOR THIS JOB:

PROFESSIONAL REFERENCES

Name	Phone # Work	Cell phone #	Years known
1. _____			
2. _____			
3. _____			

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize Investigations of all statements contained in this application for employment as may be necessary in arriving At an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

I understand that I may be subject to random drug testing & Sexual Predator Background check.

Signature _____ Date _____

Drivers License # _____ State _____ Expiration _____

For Personnel Department Only

Remarks

Interviewed by _____