

Employment Application

Destination Fitness
Jill Walters
5210 West Street
Johnsburg, IL 60050
847-497-3474



Name: _____

Address: _____ City & Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employment History

Company name: _____

Address _____ Phone number: _____

Job title and description of duties: _____

Length of Employment: _____

Contact name for employment verification: _____

Company name: _____

Address _____ Phone number: _____

Job title and description of duties: _____

Length of Employment: _____

Contact name for employment verification: _____

Education

Degrees and certificates of education-fitness, and the institutions where received:

Other Information

Person to contact in case of emergency: _____ Phone number: _____

Do you carry liability insurance? _____ If so, with whom? _____

Date of birth _____ Driver's license number _____ Social Security number _____

References

Please list two people we can contact for reference. Include their phone number and how they know you.

1 _____

2 _____

Background Check Consent Form

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Destination Fitness conducts a criminal background check on independent contractors who will be participating with in-home and corporate fitness training.

Full Name (First, Middle, Last) _____

Social Security Number _____

Other Names Used _____

Current Street Address _____

City, State, Zip _____

Former Street Address _____

Former City, State, Zip _____

Date Of Birth _____

Daytime Phone Number _____

I hereby authorize Destination Fitness/Jill Walters to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

signature

date

I, _____ have read the above and agree that the above statements are true.

Signed _____

Date _____