

CALIFORNIA Family Fitness

APPLICATION FOR EMPLOYMENT APPLY TODAY!

*A BACKGROUND INVESTIGATION WILL BE CONDUCTED ON ALL HIRES.
ANY OFFER OF EMPLOYMENT IS CONTINGENT ON SATISFACTORY RESULTS OF ANY INVESTIGATION.

POSITION DESIRED (CHECK ALL THAT APPLY)

- CORPORATE OFFICE**

- FRONT DESK**
GREETING AND ASSISTING MEMBERS

- TRAINER**
WORKOUT SAFETY AND TRAINING

- KIDZ KLUB / CHILD CARE**
CRAFTS GAMES AND ACTIVITIES

- POOL SUPERVISOR / SWIM TEACHER**
SUMMER SEASON ONLY

- SALES CONSULTANT**
NEW MEMBER ENROLLMENT

- GROUP FITNESS INSTRUCTOR**
CERTIFICATION REQUIRED

- JANITORIAL**
FACILITY AND EQUIPMENT CLEANING

- BUILDING MAINTENANCE**
BUILDING AND FACILITY REPAIRS

AVAILABILITY (HOURS AVAILABLE TO WORK)

- MONDAY** _____ TO _____

- TUESDAY** _____ TO _____

- WEDNESDAY** _____ TO _____

- THURSDAY** _____ TO _____

- FRIDAY** _____ TO _____

- SATURDAY** _____ TO _____

- SUNDAY** _____ TO _____

NUMBER OF HOURS DESIRED PER WEEK?

SALARY DESIRED?

I AM SEEKING: FULL TIME EMPLOYMENT PART TIME EMPLOYMENT

LOCATION DESIRED (CHECK ALL THAT APPLY)

- CORPORATE OFFICE**
8680 GREENBACK LANE, STE 220

- NORTH REGION**
CITRUS HEIGHTS 7700 SUNRISE BLVD
ROCKLIN 2165 SUNSET BLVD @ PARK
ROCKLIN SPORTS COMPLEX 2511 WARREN DRIVE
ROSEVILLE 5001 FOOTHILLS BLVD

- SOUTH REGION**
DOWNTOWN 428 J STREET
ELK GROVE 8569 BOND ROAD
HOWE AVENUE 985 ENTERPRISE DRIVE
LAGUNA 3443 LAGUNA BLVD

- CENTRAL REGION**
CARMICHAEL/ARDEN 6314 FAIR OAKS BLVD
CARMICHAEL 7941 FAIR OAKS BLVD

- EAST REGION**
FOLSOM 700 OAK AVENUE
ORANGEVALE 8680 GREENBACK LANE
SUNRISE/50 1975 ZINFANDEL DRIVE

- WEST REGION**
MADISON/80 4804 MADISON AVE
MCLELLAN SPORTS & FITNESS
5839 DUDLEY BLVD
NATOMAS 3880 INNOVATOR DRIVE

PERSONAL INFORMATION

NAME _____

CURRENT ADDRESS _____ CITY / STATE / ZIP _____

PHONE NUMBER () - _____ EMAIL ADDRESS _____

AGE: 1 AM OVER 16 OVER 18 IF UNDER 18, CAN YOU FURNISH A WORK PERMIT? YES NO

HOW DID YOU HEAR ABOUT THIS POSITION? _____

PLEASE LIST NAME(S) AND RELATIONSHIP OF ANY FRIENDS OR RELATIVES WORKING FOR CALIFORNIA FAMILY FITNESS.

EMPLOYMENT

WHEN CAN YOU START?	ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER WORKED FOR CFF BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHEN/WHERE?
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HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO
(CONVICTIONS FOR MISDEMEANOR OR DUI OFFENSES MUST BE LISTED. CONVICTIONS FOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE LISTED)

IF YES, STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE: _____

(NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF A CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, DATE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES, AND THE RELEVANCE OF THE OFFENSE TO THE POSITION(S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED.)

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATIONS?
 YES NO

IF NO, PLEASE EXPLAIN _____



JOIN OUR TEAM...

WE HAVE A GREAT JOB OPPORTUNITY FOR YOU!

EDUCATION

NAME/LOCATION OF HIGH SCHOOL	YEARS ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU POSSESS A GED/EQUIVALENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME/LOCATION OF COLLEGE	YEARS ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE
NAME/LOCATION OF TRADE OR BUSINESS SCHOOL	YEARS ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE

GENERAL

SPECIAL TRAINING, SKILLS, OR FOREIGN LANGUAGES

HOBBIES, INTERESTS

EMERGENCY CONTACT PERSON

HOME NUMBER

WORK NUMBER

EMPLOYMENT HISTORY

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER (LAST SEVEN YEARS IS SUFFICIENT). ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME. NOTE: ATTACH ADDITIONAL PAGE(S) IF NECESSARY.

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE	
SUPERVISOR	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	COMPANY NAME	PHONE NUMBER
REASON FOR LEAVING		ADDRESS	
DUTIES PERFORMED			

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE	
SUPERVISOR	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	COMPANY NAME	PHONE NUMBER
REASON FOR LEAVING		ADDRESS	
DUTIES PERFORMED			

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE	
SUPERVISOR	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	COMPANY NAME	PHONE NUMBER
REASON FOR LEAVING		ADDRESS	
DUTIES PERFORMED			

CALIFORNIA FAMILY FITNESS IS AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY OF NONDISCRIMINATION IN EMPLOYMENT. NO QUESTIONS ON THIS APPLICATION ARE USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, SEXUAL ORIENTATION, NATIONAL ORIGIN, CITIZENSHIP, AGE, OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH CALIFORNIA FAMILY FITNESS DEPENDS SOLELY ON YOUR QUALIFICATIONS.

I UNDERSTAND THAT IF HIRED, I WILL HAVE TO PROVIDE DOCUMENTATION THAT I AM AUTHORIZED TO WORK IN THE UNITED STATES PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR IMMEDIATE AND SUMMARY DISMISSAL. FURTHER, I UNDERSTAND THAT MY EMPLOYMENT, IF HIRED, IS FOR AN INDEFINITE PERIOD OF TIME AND MAY BE TERMINATED AT WILL BY EITHER EMPLOYER OR EMPLOYEE WITH OR WITHOUT CAUSE AND/OR PREVIOUS NOTICE. A BACKGROUND INVESTIGATION WILL BE CONDUCTED ON ALL HIRES. ANY OFFER OF EMPLOYMENT IS CONTINGENT ON SATISFACTORY RESULTS OF ANY INVESTIGATION.

ALL CALIFORNIA FAMILY FITNESS LOCATIONS ARE A DRUG FREE ENVIRONMENT.

SIGNATURE _____ DATE _____

CALIFORNIA FAMILY FITNESS **VOLUNTARY SELF-IDENTIFICATION FORM SURVEY**

For statistical reporting we ask that you voluntarily
provide the information below.

This voluntary survey assists us in complying with government recordkeeping, reporting, and other legal requirements. Government agencies require periodic reports on the sex and race of employees, under certain circumstances. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is not a part of your personnel file.

YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Name: _____ Date: _____

Address: _____

City: _____ State _____ Zip: _____

Job Title: _____

Check one: Male Female

Check one of the following:

- | | | |
|---|-----------|---|
| <input type="checkbox"/> Hispanic or Latino | OR | <input type="checkbox"/> Black or African American (not Hispanic or Latino) |
| | | <input type="checkbox"/> Two or More Races (not Hispanic or Latino) |
| | | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| | | <input type="checkbox"/> White (not Hispanic or Latino) |
| | | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (not Hispanic or Latino) |
| | | <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) |

Check all, if applicable (Veteran Status):

NEWLY SEPARATED VETERAN Yes No
Have you been discharged or released from active duty within the last one to three years?
 Date of discharge or release _____

VETERAN OF THE VIETNAM ERA Yes No

ARMED FORCES SERVICE MEDAL VETERAN Yes No

OTHER PROTECTED VETERAN Yes No

California Family Fitness is an equal employment opportunity employer, and we do not discriminate on the basis of race, color, religion, sex, national origin, age, veteran, disability, or any other similarly protected status. This form will be kept confidential and used only in accordance with applicable laws and regulations. When reported to the government in a statistical format, the data will not identify any specific individual. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Affirmative Action Race/Ethnicity Definitions

American Indian or Alaskan Native: A person with origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

Asian: A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, Japan, Korea, the Philippine Islands, Malaysia, Pakistan, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black/African-American: A person, not of Hispanic origin, with origins in any of the black racial groups of Africa.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

Affirmative Action Veteran Status Definitions

Veteran of the Vietnam Era: A person who served on active duty for a period of more than 180 days , and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred (i) in the Republic of Vietnam between February 29, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases.

Armed Forces Service Medal Veteran: Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Other Protected Veteran: A person who served on active duty during a war or in a campaign or expedition for which a campaign badge is authorized by the Department of Defense or who participated in a U.S. Military operation pursuant to Executive Order 12985.