



# Application for Employment

BodyFactory, LLC is an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin, ancestry, lineage or citizenship status, age, disability or handicap, perceived disability or handicap, sex, marital status, veteran status, sexual orientation, arrest or court record, or any other characteristic protected by applicable federal, state, or local laws.

BodyFactory, LLC will endeavor to make reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you require such assistance to complete this form, to participate in an interview, or perform your job, please let us know. If you need an accommodation, please specify those essential functions for which you would need an accommodation in order to perform and the nature of the required accommodation.

## GENERAL INFORMATION

TODAY'S DATE:    /    /    LOCATION: \_\_\_\_\_

PAY DESIRED: \_\_\_\_\_

NAME (LAST)                      (FIRST)                      (M.I.) \_\_\_\_\_

DATE AVAILABLE FOR WORK: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

POSITION(S) APPLYING FOR: \_\_\_\_\_

CITY                                      STATE                                      ZIP \_\_\_\_\_

FULL TIME        PART TIME        SEASONAL   

PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK DURING BOTH THE DAY AND THE EVENING. IT IS NOT NECESSARY FOR YOU TO IDENTIFY UNAVAILABILITY FOR WORK BECAUSE OF RELIGIOUS OBSERVANCE OR PRACTICE. SUBSEQUENT TO ANY JOB OFFER, WE WILL CONSIDER WHETHER A REASONABLE ACCOMMODATION CAN BE MADE.

TELEPHONE (HOME)                      (WORK/CELL) \_\_\_\_\_

SUN	MON	TUES	WED	THURS	FRI	SAT

EMAIL ADDRESS \_\_\_\_\_

NOTE: IF YOUR AVAILABILITY CHANGES, IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR SUPERVISOR.

Have you previously been employed by this company?

YES  NO  IF SO EXPLAIN: \_\_\_\_\_

IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE THE REQUIRED WORK PERMIT?  
(THIS PERMIT WILL BE REQUIRED BEFORE STARTING WORK.)  
YES  NO

PREVIOUS EMPLOYMENT – PLEASE PRINT AND LIST ALL PRIOR EMPLOYERS, IN CHRONOLOGICAL ORDER, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, PLEASE ATTACH ADDITIONAL SHEETS TO THIS APPLICATION IF NECESSARY. COMPLETE ALL REQUESTED INFORMATION IN FULL. DO NOT INCLUDE OVERTIME, BONUS, COMMISSIONS, ETC., IN THE SALARY INFORMATION. PLEASE INCLUDE AS PART OF YOUR EMPLOYMENT HISTORY ANY VERIFIED WORK PERFORMED ON A VOLUNTEER AND/OR WORK PERFORMED WHILE IN THE MILITARY.

## WORK EXPERIENCE

EMPLOYMENT DATES (MO/YR)	NAME AND ADDRESS OF PREVIOUS EMPLOYER	EMPLOYMENT INFORMATION		REASON FOR LEAVING
FROM:		JOB TITLE:		
		SUPERVISOR'S NAME:	BEGINNING SALARY:	
TO:		SUPERVISOR'S NUMBER:	ENDING SALARY:	
FROM:		JOB TITLE:		
		SUPERVISOR'S NAME:	BEGINNING SALARY:	
TO:		SUPERVISOR'S NUMBER:	ENDING SALARY:	
FROM:		JOB TITLE:		
		SUPERVISOR'S NAME:	BEGINNING SALARY:	
TO:		SUPERVISOR'S NUMBER:	ENDING SALARY:	

## EDUCATION AND TRAINING

SCHOOL	PRINT NAME, CITY, STATE, FOR EACH SCHOOL	# OF YEARS ATTENDED	DEGREE AWARDED	MAJOR/COURSES
HIGH SCHOOL				
COLLEGE				
OTHER				

IN THE SPACE BELOW, PLEASE INDICATE SKILLS, EXPERIENCE, OR QUALIFICATIONS THAT WILL AID YOU IN THE POSITION(S) YOU ARE SEEKING.

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## ADDITIONAL EMPLOYMENT INQUIRIES

DO YOU HAVE ADEQUATE PUBLIC OR PRIVATE TRANSPORTATION TO GET TO WORK? YES  NO

PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ALL APPLICANTS WHO ARE OFFERED EMPLOYMENT MUST PRODUCE DOCUMENTS ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES. THESE DOCUMENTS MUST BE PRODUCED NO LATER THAN SEVENTY-TWO (72) HOURS AFTER EMPLOYMENT COMMENCES. IN ADDITION, ALL NEW HIRES WILL BE REQUIRED TO VERIFY THEIR EMPLOYMENT AUTHORIZATION UNDER OATH BY SIGNING INS FORM I-9.

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE PAST SEVEN (7) YEARS THAT HAS NOT BEEN EXPUNGED, SEALED, PARDONED, DISCHARGED, ERADICATED, OR IMPOUNDED.

YES  NO  IF YES, WHEN? \_\_\_\_\_

\*CALIFORNIA APPLICANTS ONLY: PLEASE EXCLUDE ALL MARIJUANA OR MARIJUANA-RELATED CONVICTIONS THAT DID NOT OCCUR IN THE LAST TWO YEARS.

A FELONY CONVICITON WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF THE OFFENCE FOR WHICH YOU WERE CONVICTED, THE CIRCUMSTANCES SURROUNDING THE COMMISSION OF THE OFFENSE, AND YOUR SUBSEQUENT REHABILITATION.

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## BUSINESS REFERENCES (PLEASE LIST BUSINESS OR WORK-RELATED REFERENCES AND THEIR RELATIONSHIP TO YOU.)

	NAME	BUSINESS RELATIONSHIP	TELEPHONE NUMBER
1.			
2.			
3.			

## APPLICANT'S STATEMENT

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate, and complete. I also understand that the omission and/or misrepresentation of any fact from this application or during interview for employment (regardless of when it is discovered) will be cause for immediate dismissal. I authorize BodyFactory, LLC to contact all of my employment references, and to inquire about, investigate, and obtain copies of any records which relate to me from my former employer and educational institutions I have attended. I hereby release BodyFactory, LLC and all affiliated entities, as well as any person or institution that provides BodyFactory, LLC with any information about me, from any and all liability whatsoever from any such inquiry, investigation, or communication.

If hired, I agree to abide by all of the rules and regulations of BodyFactory, LLC. I understand and agree that nothing in this application shall constitute a contract or guarantee of employment for a specific period of time. I also understand that if employed, my employment may be terminated with or without cause and with or without notice at any time, at the election of BodyFactory, LLC or me. I further understand that no representative or agent of BodyFactory, LLC has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing unless the agreement is in writing and is signed by the President or CEO of BodyFactory, LLC and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits, or other terms and conditions of employment. I understand that any hiring decision is contingent upon my successful completion of all BodyFactory, LLC lawful pre-employment checks, which may include a job-related physical examination or drug/alcohol test. Further, I understand that, if hired, I may be subject to additional lawful checks to maintain my eligibility for continued employment. I agree to execute any consent forms necessary for BodyFactory, LLC to conduct its lawful employment check.

I also understand that this application will be kept active for a period of 60 days. Thereafter, I will be required to complete a new application in order to be considered for employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant