

Trainer Application

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Birth date: _____

1. Are you eligible to work in the United States? Yes No
2. Are you over the age of 18? Yes No
3. Have you ever been convicted for any crime involving physical violence or sex related offenses? Yes No
I. If yes, please explain: _____

4. Have you been convicted of a felony in the last 5 years? Yes No
I. If yes, please explain: _____

5. How long have you been a fitness trainer? _____
6. Are you First Aid certified? _____
7. Are you CPR/AED Certified? _____
8. Do you carry trainer insurance? _____
9. What fitness certifications do you currently have? __ ACE __ NSCA __ NASM __
other: _____
10. What was your college major? _____
11. Where do you train now? _____
12. What is your experience working with seniors? _____

13. If you were walking with a 200 lb. person and they started to lose their balance, are you confident that you could help keep them from falling? _____
14. In the future there may be a position to manage all of the trainers. Would that management position be of any interest to you, if that arose? _____
15. Do you have access to reliable transportation? _____

16. If hired, what is your availability to offer fitness training? Please check all that apply, and circle your preferred time slots.

	6-7am	7-8am	8-9am	9-10am	10-11am	11-noon	Noon-1pm	1-2PM	2-3PM	3-4PM	4-5PM	5-6PM	6-7PM	7-8PM	8-9PM
Sun															
Mon															
Tues															
Wed															
Thurs															
Fri															
Sat															

17. What date are you available to start work: _____

18. What else would you like us to know about you? _____

I certify that information contained in this application is true & complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at the point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____

