

Employment Questionnaire

Equilibrium Pilates Studio  
248.723.6500  
employment@equilibriumstudio.com

PERSONAL INFORMATION

NAME \_\_\_\_\_  
LAST FIRST

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

LAST PREVIOUS ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

SOCIAL SECURITY # \_\_\_\_\_ PHONE #'s M: \_\_\_\_\_ H: \_\_\_\_\_ W: \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_

List any hours/days you are unavailable \_\_\_\_\_

Can you work weekends and/or holidays? \_\_\_\_\_

Have you ever been bonded?  YES  NO Have you ever been refused bond?  YES  NO

Are you authorized to work in the United States?  YES  NO

Have you been in the United State Military Service?  YES  NO If yes, dates of service/branch \_\_\_\_\_

Do you have a valid, unexpired driver's license?  YES  NO Driver's License # \_\_\_\_\_ State \_\_\_\_\_

EDUCATION AND TRAINING- skip if this information is included in a CV included today.

	Name and Location	Dates Attended	Did you graduate?	Degree Received
High School				
College				
Graduate School				
Trade/Business/Vocational				

Academic honors or awards received? \_\_\_\_\_

List and special training or skills you may have. Include any professional or vocational licenses/certifications

In the space provided below please list complete work history for the proceeding three employers in the past five years. You may attach a separate sheet if you have had more than three employers in the past five years

CURRENT OR LAST EMPLOYER: skip if this information is included in a CV included today.

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

Position and Duties \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_ Salary (start) \_\_\_\_\_ (ending) \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact your employer \_\_\_YES\_\_\_ NO

NEXT PREVIOUS EMPLOYER

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

Position and Duties \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_ Salary (start) \_\_\_\_\_ (ending) \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact your employer \_\_\_YES\_\_\_ NO

NEXT PREVIOUS EMPLOYER

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

Position and Duties \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_ Salary (start) \_\_\_\_\_ (ending) \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact your employer \_\_\_YES\_\_\_ NO

ILLEGAL DRUGS: You may be required to take a test for illegal drugs before or after offer of employment is made.

REFERENCES

Name	Address	Business/Position	Phone	Years Known

I understand this application will be considered for 90 days. A new application must be completed for further consideration after 90 days. The answers to the foregoing questions are true and correct to the best of my knowledge. I authorize investigation of all statements contained on the application. I authorize you to verify any of the information concerning my employment, education, credit, medical and criminal history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require including but not limited to my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. I understand that misrepresentation or omission of facts called for shall result in dismissal. Further, I understand and agree that my employment is for no defined period and may, regardless of the date of payment of any wages salary, be terminated with or without cause and with or without notice and at the sole discretion of the company. I further understand that this condition of employment cannot be modified except in writing as signed by the president of the company.

Signature \_\_\_\_\_ Date \_\_\_\_\_