

APPLICATION FOR EMPLOYMENT

Pump It Up is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, marital status, or the present of any physical or mental condition or disability. In reading and answering the following questions, please keep in mind that these questions are not intended to imply any limitations, illegal preferences, or discrimination based any non-job related information.

PERSONAL INFORMATION						
LAST NAME:		FIRST NAME:		MI		
DATE:		SSN:				
ADDRESS:						
CITY:		STATE:		ZIP:		
HOME PH:		CELL:		EMAIL:		
TODAY'S DATE:	How did you hear about this job opening?					
EMPLOYMENT STATUS						
1) ARE YOU OVER 18?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) IF UNDER 18, AFTER EMPLOYMENT, CAN YOU PROVIDE A WORK PERMIT?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) ARE YOU CURRENTLY EMPLOYEED?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) OTHER NAMES UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYEED						
5) MAY WE CONTACT YOUR CURRENT EMPLOYER?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHEN:			WHERE?			
7) DO YOU HAVE A VALID DRIVERS LICENSE					<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, ISSUING STATE:			LICENSE #:			
8) POSITION DESIRED:						
9) STATUS DESIRED	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> WEEKENDS	<input type="checkbox"/> OVERTIME (IF REQUIRED)		
10) HOURS AVAILABLE	MON-FRI		SAT		SUN	
IF UNAVAILABLE CERTAIN HOURS, PLEASE EXPLAIN:						
11) DATE YOU CAN START			12) SALARY DESIRED			
13) CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE US?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY)? A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. HOWEVER, FAILURE TO DISCLOSE CAN BE GROUNDS FOR TERMINATION					<input type="checkbox"/> YES	<input type="checkbox"/> NO
15) HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES TO 14 OR 15, PLEASE EXPLAIN FULLY, INCLUDING NATURE OF THE OFFENSE, DATE AND LOCATION						
16) LIST NAMES OF RELATIVES, FRIENDS, OR ACQUAINTANCES CURRENTLY EMPLOYED IN OUR ORGANIZATION						
EDUCATION						
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	# OF YEARS	MAJOR	GRADUATED (Y/N)	DIPLOMA / DEGREE RECEIVED?	
HIGH SCHOOL						
BUSINESS / TRADE SCHOOL						
COLLEGE OR UNIVERSITY						

REFERENCES

LIST TWO PAST SUPERVISORS AND ONE PERSON WHO IS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.

NAME	TITLE/RELATIONSHIP	ADDRESS (STREET, CITY, STATE, ZIP CODE)	PHONE NUMBER	OCCUPATION

MILITARY

ARE YOU CURRENTLY OR WERE YOU PREVIOUSLY IN THE MILITARY YES NO

IF YES, WHAT BRANCH (INCLUDING RESERVES):

EMPLOYMENT RECORD

(Include paid and unpaid work, internships, volunteer work, etc.)

FROM:	MO		YR		TO:	MO		YR	
BUSINESS NAME					PHONE				
ADDRESS:									
CITY:					STATE:		ZIP:		
JOB TITLE									
DUTIES									
SUPERVISOR					PHONE				
REASON FOR LEAVING									
FROM:	MO		YR		TO:	MO		YR	
BUSINESS NAME					PHONE				
ADDRESS:									
CITY:					STATE:		ZIP:		
JOB TITLE									
DUTIES									
SUPERVISOR					PHONE				
REASON FOR LEAVING									
FROM:	MO		YR		TO:	MO		YR	
BUSINESS NAME					PHONE				
ADDRESS:									
CITY:					STATE:		ZIP:		
JOB TITLE									
DUTIES									
SUPERVISOR					PHONE				
REASON FOR LEAVING									
FROM:	MO		YR		TO:	MO		YR	
BUSINESS NAME					PHONE				
ADDRESS:									
CITY:					STATE:		ZIP:		
JOB TITLE									
DUTIES									
SUPERVISOR					PHONE				
REASON FOR LEAVING									

UNEMPLOYMENT HISTORY	
PLEASE ACCOUNT FOR ANY TIME YOU WERE NOT EMPLOYED IN THE LAST SEVEN YEARS, AFTER LEAVING SCHOOL. (YOU NEED NOT LIST ANY UNEMPLOYMENT PERIODS OF ONE MONTH OR LESS)	
TIME PERIOD	REASON FOR UNEMPLOYMENT
EMERGENCY CONTACT	
WHOM SHOULD WE CONTACT IN AN EMERGENCY?	
NAME:	
RELATION:	
PHONE #	

I declare that the information provided by me on this application, or any other documents filled out in connection with my employment, is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application may preclude an offer of employment or withdrawal of an employment offer or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered. If employed by Pump It Up and in consideration of my employment, I agree to abide by the rules and regulations of Pump It Up and agree that my employment and compensation can be terminated at will, with or without cause, with or without notice, at any time, either at my option or at the option of Pump It Up.

I authorize the investigation of all statements contained in this application. I also authorize the company to contact my present employer (unless otherwise noted in this application), past employers, and listed references and to provide information without limitations pertaining to my character, work history, background and qualifications. I waive any rights to privacy attached hereto. I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Pump It Up as well as from the use or disclosure of such information by Pump It Up or any of its agents, associates, representatives or franchisor.

As a condition of my employment, I agree to arbitrate any and all disputes with the company pursuant to an arbitration agreement to be presented to me by the company.

I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States. I understand that all employment is contingent upon successful drug and/or alcohol screening and criminal background checks. Failure to keep my appointment for the drug/alcohol screening will result in withdrawal of a job offer.

APPLICANT SIGNATURE DATE

Please submit via email or in person. Please submit a letter of recommendation from an unrelated adult.

Pump It Up of Silver Spring
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 Silver Spring, MD 20904
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