

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 presence 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 upon any non-job related information.

LAST NAME _____ FIRST NAME _____ MI _____ DATE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # _____ CELL PHONE # _____ EMAIL _____

ARE YOU OVER 18 YEARS OF AGE YES NO IF UNDER 18, AFTER EMPLOYMENT, CAN YOU PROVIDE A WORK PERMIT YES NO

OTHER NAMES UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED _____

STATUS DESIRED FULL TIME PART TIME WEEKENDS OVERTIME (if required)

HOURS AVAILABLE (INDICATE AM/PM) MON-FRI _____ TO _____ SAT _____ TO _____ SUN _____ TO _____

IF UNAVAILABLE CERTAIN HOURS, PLEASE EXPLAIN _____

ARE YOU CURRENTLY EMPLOYED YES NO MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION? YES NO IF YES, WHEN AND WHERE _____

POSITION DESIRED _____ SALARY DESIRED _____ DATE YOU CAN START ___/___/___

LIST NAMES OF RELATIVES, FRIENDS OR ACQUAINTANCES CURRENTLY EMPLOYED IN OUR ORGANIZATION _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO IF YES, # _____

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

ARE YOU OR HAVE YOU EVER BEEN A SEX OFFENDER REGISTERED WITH ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, INCLUDING ANY LISTING ON A PUBLIC WEBSITE? YES NO

EDUCATION					
TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	# OF YEARS	MAJOR	GRADUATE Y OR N	DIPLOMA 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

ARE YOU CURRENTLY OR WERE YOU PREVIOUSLY IN THE MILITARY. WHAT BRANCH (INCLUDING RESERVES) _____

EMPLOYMENT RECORD

FROM: MO ____ YR ____ **TO:** MO ____ YR ____ BUSINESS NAME _____ PHONE # _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 JOB TITLE _____ DUTIES _____
 SUPERVISOR _____ TITLE _____ RATE OF PAY _____ PER _____
 REASON FOR LEAVING _____

FROM: MO ____ YR ____ **TO:** MO ____ YR ____ BUSINESS NAME _____ PHONE # _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 JOB TITLE _____ DUTIES _____
 SUPERVISOR _____ TITLE _____ RATE OF PAY _____ PER _____
 REASON FOR LEAVING _____

FROM: MO ____ YR ____ **TO:** MO ____ YR ____ BUSINESS NAME _____ PHONE # _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 JOB TITLE _____ DUTIES _____
 SUPERVISOR _____ TITLE _____ RATE OF PAY _____ PER _____
 REASON FOR LEAVING _____

FROM: MO ____ YR ____ **TO:** MO ____ YR ____ BUSINESS NAME _____ PHONE # _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 JOB TITLE _____ DUTIES _____
 SUPERVISOR _____ TITLE _____ RATE OF PAY _____ PER _____
 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)

<u>TIME PERIOD</u>	<u>REASON FOR UNEMPLOYMENT</u>

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? YES NO IF YES, WHY? _____

WHOM SHOULD WE CONTACT IN AN EMERGENCY _____ 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