



3302 W Bay to Bay BLVD
Tampa, FL 33629

Please complete and return via email to info@klik-fit.com

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability or any other protected basis.

Name:

Address: City: State: Postal Code:

Telephone: Email:

1. General Information:

Are you legally eligible to work in the United States?

Which position are you applying for?

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation?

Have you been convicted of a crime other than a traffic offense, had adjudication of a crime withheld, pled nolo contendere, or are currently being charged for a crime not yet adjudicated? A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying (Circle one) No Yes
If yes, please explain:

2. Education & Training:

| Education | NAME OF SCHOOL | NUMBER OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECT STUDIED |
|--|----------------|--------------------------|-------------------|-----------------|
| HIGH SCHOOL | | | | |
| COLLEGE / UNIVERSITY | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

List any scholarships, academic honors, awards, or special achievements:

3. Skills & Certifications Please list any skills and/or certifications you have that are appropriate for the position you are applying for.

4. Availability

Please check the boxes that correspond with your availability:

| Shift | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Noon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If required, will you work outside of normal availability?



5. EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past FOUR employers.

If currently employed, may we contact your employer?

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY: TELEPHONE:
 STREET ADDRESS: CITY: STATE: ZIP:
 NAME & TITLE OF SUPERVISOR: TITLE OF YOUR POSITION:
 LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:

SALARY: (specify Hourly or Salary) BEGIN END
 EMPLOYED: FROM (MO/YR) TO (MO/YR)
 REASON FOR LEAVING:

FULL NAME OF COMPANY: TELEPHONE:
 STREET ADDRESS: CITY: STATE: ZIP:
 NAME & TITLE OF SUPERVISOR: TITLE OF YOUR POSITION:
 LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:

SALARY: (specify Hourly or Salary) BEGIN END
 EMPLOYED: FROM (MO/YR) TO (MO/YR)
 REASON FOR LEAVING:

FULL NAME OF COMPANY: TELEPHONE:
 STREET ADDRESS: CITY: STATE: ZIP:
 NAME & TITLE OF SUPERVISOR: TITLE OF YOUR POSITION:
 LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:

SALARY: (specify Hourly or Salary) BEGIN END
 EMPLOYED: FROM (MO/YR) TO (MO/YR)
 REASON FOR LEAVING:

FULL NAME OF COMPANY: TELEPHONE:
 STREET ADDRESS: CITY: STATE: ZIP:
 NAME & TITLE OF SUPERVISOR: TITLE OF YOUR POSITION:
 LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:

SALARY: (specify Hourly or Salary) BEGIN END
 EMPLOYED: FROM (MO/YR) TO (MO/YR)
 REASON FOR LEAVING:

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the reference listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature

Date

