

# Employment Application

Destination Fitness  
Jill Lindberg  
5210 West Street  
Johnsburg, IL 60050  
847-497-3474



Name: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Employment History

Company name: \_\_\_\_\_

Address \_\_\_\_\_ Phone number: \_\_\_\_\_

Job title and description of duties: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Contact name for employment verification: \_\_\_\_\_

Company name: \_\_\_\_\_

Address \_\_\_\_\_ Phone number: \_\_\_\_\_

Job title and description of duties: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Contact name for employment verification: \_\_\_\_\_

## Education

Degrees and certificates of education-fitness, and the institutions where received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Other Information

Person to contact in case of emergency: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you carry liability insurance? \_\_\_\_\_ If so, with whom? \_\_\_\_\_

Date of birth \_\_\_\_\_ Driver's license number \_\_\_\_\_ Social Security number \_\_\_\_\_

## References

Please list two people we can contact for reference. Include their phone number and how they know you.

1 \_\_\_\_\_

2 \_\_\_\_\_

# Background Check Consent Form

Destination Fitness  
Jill Walters  
5210 West Street  
Johnsburg, IL 60050  
847-497-3474



Destination Fitness conducts a criminal background check on independent contractors who will be participating with in-home and corporate fitness training.

Full Name (First, Middle, Last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Other Names Used \_\_\_\_\_

Current Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Former Street Address \_\_\_\_\_

Former City, State, Zip \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

I hereby authorize Destination Fitness/Jill Walters to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

I, \_\_\_\_\_ have read the above and agree that the above statements are true.

Signed \_\_\_\_\_

Date \_\_\_\_\_