



APPLICATION FOR EMPLOYMENT

*We do not discriminate on the basis of race, religion, national origin, color, sex, age, or handicap. It is our intention that all applicants be given equal opportunity and that selection decisions be based on job-related factors.*

Date \_\_\_\_\_

Full legal name: \_\_\_\_\_

Name you go by: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Text? yes/no

Emergency contact name/number \_\_\_\_\_

Birthday (year not required unless under 18): \_\_\_\_\_

Date available for work: \_\_\_\_\_ Desired hourly wage: \_\_\_\_\_

Preferred number of weekly hours: \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

Hours available to work: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_

(1-2 Saturdays per month may be required for some positions)

What are your preferred work hours/days during the week? \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. without restriction? \_\_\_\_\_

Have you ever been convicted of an violation of the law other than a minor traffic violation? \_\_\_\_\_

If yes, give particulars: \_\_\_\_\_

Have you missed any work over the past six months? \_\_\_\_\_ If yes, how many days and please explain. \_\_\_\_\_

Are you engaged in any other employment or expect to be? \_\_\_\_\_

If yes, please explain commitment: \_\_\_\_\_

Please explain any other commitments we will need to know about ( school, sports, etc.)

---

Do you have a valid driver's license? \_\_\_\_\_ DL state/number \_\_\_\_\_

Do you have a reliable personal vehicle? \_\_\_\_\_

Is the liability insurance on your vehicle current? \_\_\_\_\_

What is the highest level of education you have completed? \_\_\_\_\_

Please list high school and any colleges attended, degrees granted.

---

---

---

What department(s) are you applying for?

\_\_\_\_ Kitchen: Bakery Manager, Bakery Assistant, Grill Manager, Grill Team Member

\_\_\_\_ Store: Cashier, Store Team Member (stocking, packaging, inventory, cleanup, etc.)

\_\_\_\_ Coaching center: Health Coaching Manager, Health Coaching Assistant

\_\_\_\_ Purchasing (inventory, placing orders, keeping pricing up-to-date, putting out product)

\_\_\_\_ Other

Do you have experience with food service or baking? \_\_\_\_\_

Do you enjoy food preparation? \_\_\_\_\_

Have you ever taught cooking classes? \_\_\_\_\_

Do you have any health coaching certification or experience? Please provide details.

---

Do you have any background in nursing, aesthetics, message therapy, etc? \_\_\_\_\_

Do you have experience teaching? \_\_\_\_\_

Do you have experience with stocking or receiving? \_\_\_\_\_

Would you be interested in occasional office work? \_\_\_\_\_

Do you have experience with accounting or payroll? \_\_\_\_\_

How would you describe your energy level and the speed with which you move? \_\_\_\_\_

---

What would people say are your best traits? \_\_\_\_\_

What do you consider your greatest weaknesses? \_\_\_\_\_

Are you looking for a part-time, temporary, or full-time position? \_\_\_\_\_

Do you have any physical limitations which would adversely affect performance of this job? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever injured any joint, limb, or your back? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are you able to lift 25 pounds without hurting yourself? \_\_\_\_\_

Do you have any wrist/elbow/shoulder injury such as carpal tunnel syndrome or tennis elbow?

Please explain \_\_\_\_\_

Are you able to stand on a two-step stool? \_\_\_\_\_

Do you prefer to work alone or on a team? \_\_\_\_\_

Do you prefer to work with the public or in the office? \_\_\_\_\_

Do you prefer to work to music or silence? \_\_\_\_\_

Are you willing to submit to random drug testing? \_\_\_\_\_

Please provide three references (not relatives, one work-related):

Name	Telephone	How does this person know you?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list your past three employers (most recent first; skip if included in resume)

Company name	City/State	Supervisor name	Phone	Start pay	End pay	Reason for leaving
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Are you currently employed? \_\_\_\_\_ If yes, may we contact your present employer? \_\_\_\_\_

Supervisor's name/phone number: \_\_\_\_\_

Do you authorize us to check your references? We may ask questions relating to your background, work experience, character, or personality in order to determine your suitability for this position. By signing below, you attest that the information on this form is true to the best of your knowledge and that you authorize and voluntarily consent to our checking out the references provided herein.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Get Healthy, a division of Max Quattro, Inc. \* 1129B Ridge Road, Rockwall, TX 75087  
469.434.2004 \* [www.GetHealthyRockwall.com](http://www.GetHealthyRockwall.com) \* Support@GetHealthyCoaching.com