



EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

The Company: Chiara, LLC / Equalize Fitness (EQ)
Address: One Odell Plaza
City/State/ZIP: Yonkers, New York 10701
Telephone: (914) 751 6655

It is the policy of EQ to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

EQ follows Federal and State Background Check Guidelines and New York State Employer Drug Testing Guidelines.

2. Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Mobile phone: _____ EMAIL: _____
Social Security Number: _____
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____



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- 4. Job Position Applied For: _____

- 5. Full or Part Time?: _____
- 6. Who referred you to our company? _____
Do you have any friends or relatives who work here? If yes, please list here:

- 7. Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____
- 8. Are you over 16? _____ Yes _____ No
Are you over 18? _____ Yes _____ No (If under 18, you may need a work permit.)
- 9. How will you get to work? _____
- 10. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
If no, please state any limitations:

- 11. If you are offered employment, when would you be available to begin work?

- 12. If hired, are you able to submit proof that you are legally eligible for
employment in the United States? _____ Yes _____ No
- 13. Are you able to perform the essential functions of the job position you seek with
or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you request?



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14. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

| Skill or Ability | Years of Experience | Rating |
|---|---------------------|-----------|
| Microsoft Office Suite (Word, Excel, Outlook, etc.) | | 1 2 3 4 5 |
| Answering and Managing Business Telephones | | 1 2 3 4 5 |
| Customer Services | | 1 2 3 4 5 |
| Writing | | 1 2 3 4 5 |
| Oral Communication | | 1 2 3 4 5 |
| Other: | | 1 2 3 4 5 |
| Other: | | 1 2 3 4 5 |
| Other: | | 1 2 3 4 5 |
| Other: | | 1 2 3 4 5 |

15. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

Military Service:

_____ Yes _____ No

Branch: _____ From: _____ To: _____

Specialized Training: _____



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16. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____



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17. References

List any three non-relatives who would be willing to provide a reference for you.

Name: _____
 Address: _____
 City/State/ZIP: _____
 Telephone: _____
 Relationship: _____

Name: _____
 Address: _____
 City/State/ZIP: _____
 Telephone: _____
 Relationship: _____

Name: _____
 Address: _____
 City/State/ZIP: _____
 Telephone: _____
 Relationship: _____

18. Applicant Disclosure:

Check One

| | | |
|---|-----|----|
| Were you ever dismissed or discharged from any employment for reasons other than lack of work? | Yes | No |
| Did you ever resign from any employment rather than face dismissal? | Yes | No |
| Did you ever receive a discharge from the US armed forces which was not honorable? | Yes | No |
| Have you ever been convicted of any crime (felony, misdemeanor or violations including the loss of license?) | Yes | No |
| Have you ever forfeited a bail bond posted to answer any criminal charge? | Yes | No |
| Are you now under charge for any crime (felony, misdemeanor or violations including the potential loss of license?) | Yes | No |

19. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:



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CERTIFICATION

Please read the following statement carefully before signing this application. Only applications that are signed and dated are considered valid. If you have any questions regarding these statements, please ask about them before you sign.

EQ follows Federal and State Background Check Guidelines and New York State Employer Drug Testing Guidelines.

I understand that federal law prohibits the employment of unauthorized aliens and that all persons hired must submit proof of employment authorization and identity which conforms to the federal requirements details on the I9 form.

I authorize investigation of all statements contained in this application and any attachment provided by me. All of the information I have supplied in this application is a true and complete statement of the facts, and if employed, any omissions or false or misleading statements, on this application or during the interview process could result in immediate dismissal regardless of when such information is discovered. I further authorize all courts, probation departments, prosecutor's offices, boards, employers, educational and credit companies, other institutions and agencies, without exception, to furnish the Chiara, LLC. / Equalize Fitness (The Company) or its representatives any information any of them have concerning me. This waiver does not permit the release or use of disability related or medical information in any manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and New York state laws. I further authorize a check by any consumer agency of my employment history as well as incidents of employment dishonest or criminal activity. I understand that my employment and /or retention may be affected in whole or in part from a report received from this agency. I hereby discharge and exonerate The Company, its agents and representatives, or any person so furnishing information from any liability and all liability or every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation make by The Company. A photostatic copy of this authorization will be considered as effective and valid as the original (wherever legally required, a copy of any credit report and other information will be available upon written request.)

If employed by The Company, I will abide by The Company's policies and rules and standards of conduct. The Company's business needs may at times make the following conditions mandatory: overtime or a work schedule other than Monday through Friday. The Company retains sole discretion regarding the following types and terms and conditions of employment - promotion, demotion, transfers, work assignments, job duties/responsibilities, wage rates



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and benefits or any other terms and conditions that The Company may determine to be necessary for the operations of its business. I understand and accept these conditions of my employment.

I agree to protect The Company's confidential information in all forms including digital, customer lists and other proprietary information and will not reveal such information to anyone at any time during or after cessation of my employment. I further understand that The Company will not employ persons who use illegal drugs or engage in substance abuse, and that The Company retains the right to screen from employment such individuals. I understand The Company may require random drug screening tests as a condition of employment. The signing of this form is my permission for The Company's agent to take samples of my urine and perform a drug screening test on such samples. Further, I give my consent for the release of the test results to authorized company management for appropriate review.

If hired, I agree to abide by the Rules and Regulations of The Company. I agree to complete The Company's Sexual Harassment Workshop and will acknowledge in writing my understanding and strict adherence of all policies.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Executive Director and Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of The Company, except in a specific written contract of employment signed on behalf of the organization by its Executive Director and Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE



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New Hire Availability Worksheet:

Are you available part time or full time? _____

If part time, how many hours do you prefer? _____

Position Interest (Check All That Apply)

Member Services

House Keeping _____

Front Desk / Member Reception _____

Membership Sales _____

Personal Training _____

Small Group Personal Training _____

Group Fitness _____

Administration _____

Hours of the Day you are able to work: All positions require flexibility in your availability.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------|--------|---------|-----------|----------|--------|----------|--------|
| Opening Shift | | | | | | | |
| Mid-Day Shift | | | | | | | |
| Closing Shift | | | | | | | |