

EMPLOYMENT HISTORY

List all work experience *beginning with your current or most recent position.*

Company Name: _____ Dates: _____ To _____

Address: _____
Street Address City State Zip Code

Title: _____ Salary: _____ Reason for leaving: _____

Responsibilities: _____

Name & Title of Supervisor: _____ Telephone: (____) ____ - _____

May we contact: Yes No

Company Name: _____ Dates: _____ To _____

Address: _____
Street Address City State Zip Code

Title: _____ Salary: _____ Reason for leaving: _____

Responsibilities: _____

Name & Title of Supervisor: _____ Telephone: (____) ____ L

_____ May we contact: Yes No

Company Name: _____ Dates: _____ To _____

Address: _____
Street Address City State Zip Code

Title: _____ Salary: _____ Reason for leaving: _____

Responsibilities: _____

Name & Title of Supervisor: _____ Telephone: (____) ____ L

May we contact: Yes No

Company Name: _____ Dates: _____ To _____

Address: _____
Street Address City State Zip Code

Title: _____ Salary: _____ Reason for leaving: _____

Responsibilities: _____

Name & Title of Supervisor: _____ Telephone: (____) ____ - _____

May we contact: Yes No

SCHEDULING

Mark an "X" on the days and times that you would be available to work.

Class times are approximate and classes may not be offered at all days and times.

WEEKENDS: We request instructors to teach at least one class, on a Saturday or Sunday, each month.

Class Starting Times	MON	TUE	WED	THU	FRI	SAT	SUN
05:15-05:30 am							
06:30-06:45 am							
08:30-08:45 am							
09:30-09:45 am							
10:30-10:45 am							
11:30-11:45 am							
12:30-12:45 pm							
01:30-01:45 pm							
02:30-02:45 pm							
03:30-03:45 pm						X	X
04:30-04:45 pm							
05:30-06:00 pm						X	X
06:30-07:00 pm						X	X
07:30-08:00 pm						X	X

CERTIFICATIONS

Please list certifications you currently hold or will hold by the start of employment.

Certification	Exp. Date	Certification	Exp. Date	Certification	Exp. Date
CPR/AED _{Required}					

IMPORTANT - PLEASE NOTE

- If you are offered a position at Momentum Cycling & Fitness, we will need your signature authorizing a criminal background check.
- Momentum Cycling & Fitness requires all employees to have First Aid and CPR/AED certifications.

STATEMENT OF PURPOSE

I certify that my application and all attachments are true and complete to the best of my knowledge. I understand that any incorrect, incomplete, or false statements or information furnished by me may, at the discretion of Momentum Cycling & Fitness, disqualify me from employment, or cause my dismissal. I hereby authorize Momentum Cycling & Fitness to make a thorough investigation of my past employment and activities. I release from liability Momentum Cycling & Fitness, former employers, or any persons supplying such information. The language in this application is not intended to create, nor is it to be misconstrued to constitute, a contract of employment. Momentum Cycling & Fitness is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or disability.

Printed Name: _____

Signature: _____

Date: _____

YOU ARE WELCOME TO ATTACH A RESUME, REFERENCES OR ANY OTHER INFORMATION IF YOU FEEL IT WILL GIVE US FURTHER INSIGHT INTO YOUR QUALIFICATIONS.