



TRUERide
INDOOR CYCLING & STRENGTH STUDIO

Employment Application

(Additional Applications Forms at www.TrueRideStudio.com)

We appreciate your interest in our organization and assure you we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us evaluate your qualifications for employment.

PERSONAL

Last Name First Name Middle E-Mail Address

Permanent Street Address City State Zip Telephone

I am 18 years of age or older If hired, I can provide proof of identity and legal authorization to work in the US Other names under which you have been previously employed

Names of friends or relatives employed in this organization I have applied here before If checked, give date and position

Have you ever been employed here before? Yes No If yes, enter date Are you available to work overtime? Yes No Are you available to work a flexible work schedule? Yes No

Emergency Contact Information
Name Address Telephone

EXCEPT FOR OFFENSES PERTAINING TO MARIJUANA MORE THAN TWO YEARS AGO, HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR, OR ARE YOU OUT ON BAIL OR ON YOUR OWN RECOGNIZANCE PENDING TRIAL FOR SUCH AN OFFENSE?

Yes No

If yes, list State, dates, offenses and dispositions (convictions are not an automatic disqualification)

Employment Interests

Position desired or of Interest Second Choice Date available Salary expected

Type of employment you are seeking Shifts you can work
 Full time Part time Temporary Summer Any Day Swing Night Any

How were you referred to our organization?
 Advertisement Other Company Internet Employment Service Employee School Self Other Name of other referral

Education/U.S. Military Service

School or Institution	Name and address of school	Major	Units completed and grade average	Degrees and or diplomas
High School				
College				
College				
Other				

Honors or Awards received

Professional Certs or Licenses held

Are you taking any educational courses presently? If yes, what and where?

Additional Education Information: Degrees and/or Fitness Certifications Currently Hold..etc

U.S. Military Duties and special training which you believe are relevant to the position(s) desired

References

List people that we may contact who are qualified to evaluate your capabilities (please do not include relatives)	Telephone	Occupation	Years Known
Name, Address, City, State, Zip			

Please indicate the hours you are available to work each day

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment History

Give employment record as completely as possible, listing current or most recent employer first. Show unemployed or self-employed periods and indicate dates and comments on each period. Include part time or summer work.

1. Company Name Address Telephone From To

Job Title Supervisor's Name and Title Type of Business Last Wage

Description of Duties Reason for Leaving

May we contact this employer?

2. Company Name Address Telephone From To

Job Title Supervisor's Name and Title Type of Business Last Wage

Description of Duties Reason for Leaving

May we contact this employer?

3. Company Name	Address	Telephone	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Title	Supervisor's Name and Title	Type of Business	Last Wage	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Description of Duties		Reason for Leaving		
<input type="text"/>		<input type="text"/>		
		May we contact this employer? <input type="checkbox"/>		

4. Company Name	Address	Telephone	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Title	Supervisor's Name and Title	Type of Business	Last Wage	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Description of Duties		Reason for Leaving		
<input type="text"/>		<input type="text"/>		
		May we contact this employer? <input type="checkbox"/>		

Why are you applying at TRUE Ride?
(optional answer)

Acknowledgment

1. I understand that prior to finalization of any offer of employment regarding certain job positions, the company may condition the offer of employment on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form and submit to a medical examination and/or drug and alcohol screen should the employer condition my offer of employment upon successful completion of such an examination or screening.
2. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job offer extended to me will be withdrawn and if employed, I may be subject to immediate dismissal.
3. I authorize my employer to make any investigation allowed by law which my employer deems necessary for employment consideration and promotion within the organization.
4. I understand that this employment application and any offer of employment are not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the organization does not constitute any form of contract, implied or expressed, and as such employment will be terminable at will for any reason either by myself or my employer upon notice of one party to the other. This at will aspect of my employment cannot be changed, waived or modified except by an express provision in an individual written employment contract signed by me and the Owner.
5. Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to my employer, or its products, customers, employees, plans or procedures. I agree to deliver to my employer any and all copies of confidential information, or other company property, upon termination of the employment relationship or at any time upon my employer's request. I also agree not to solicit employees of my employer either during or for one year after employment to leave this employer and commence work with another company.
6. I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supercede and replace any prior understandings or discussions I have had with my employer and set forth the complete agreement between me and my employer regarding these matters.

Signature _____

Today's Date _____

Deliver signed Application to location. TRUE Ride, 1240 Churn Creek, Ste 400, Redding CA 96003