Baptist Health/Milestone		Mollago Conto	-	B Date: (//)				
	Health/Milestone	t and Location Info		pplication				
Are you at least 18 yea								
Are you at least 18 years old? Yes No Referred By: Title / First Name / Last Name: No Referred By:								
			Cell Phone: ()					
		City / State: Zip Code: ?						
Have you been convictors *If <u>YES</u> , list convictions	ed of a felony in the last S that are a matter of public pyment:	even (7) Years? Y c record (arrests are not	′es 🗌 No					
		Education Informati						
Education	Name and Location of School	Circle Last Years Completed	Did you Graduate	Subjects Studied and Degrees Received				
High School		1 2 3 4	Y N					
College		1 2 3 4	Y N					
Post College		1 2 3 4	Y N					
Trade/Other School		1 2 3 4	Y N					
List Skills relevant to th Computer Proficiency: (e position applied for:		er:					
	Personal Training Sales							
	erience? Please Explain:							
	ce? Please Explain:							
	nce/Certifications:							
	erience/Certifications:							
		Employment Desire	ed					
Preferred type of emplo	oyment: 🗌 Part Time	Full Time B	Both/Either Salary Desi	red:				
	d you like to be considere Locker Room 🗌 Aq			· · · ·				
	Position:			e to Begin: (/ / _)				
	nployed by us before?							
Do you hold any other s	special certifications?							

Today's Date: (___/___)



^{wellness} Baptist Health/Milestone Wellness Center Employment Application

Availability									
Please write the hours you are available each day of the week: ***Be Specific!									
Day of the Week:	Monday	Tuesday	Wednesday	Thursday	r	Friday	Saturday	Sunday	
Hours Available:									
Do the above mentioned hours reflect your preferences, or the full sum of hours we may choose from that you are available to work? (Please explain)									
Will these hours of availability change when the school year begins?									
Do you have any limitations of your availability in the near future (vacation, etc.)?									
Why Are You Interested In Working At Milestone?									
Have you ever been to Milestone prior to applying? Yes as a Guest Yes as a Member No									
Describe your exper	ience:							<u></u>	
Why would you like to work for Baptist Health/Milestone Wellness Center?									
Work Experience Please list your last Two (2) employers, starting with the most recent. Do include unpaid/volunteer experience which is re- lated to the job for which you are applying. * <i>If you attach a resume you may skip the Work Experience Section.</i>									
Employer (Company):		Supervisor Name/Number:							
Employment Dates:	From: (/	From: (/)			To: (/)				
Compensation/Salary	Starting: \$	Starting: \$ Hourly / Salary / Other			Highest Pay: \$ Hourly / Salary / Other				
Duties Performed:		Reason for Leaving:							
Employer (Company):	Supervisor Name/Number:								
Employment Dates:	From: (/)				To: (//)				
Compensation/Salary	Starting: \$	Hourl	y / Salary / Other		Highe	est Pay: \$	Hourly / Sala	ry / Other	
Duties Performed:	Reason for Leaving:								
References: Give 1. Name: 2. Name:		Phone:	()	Bus	siness	/Position:	t least one year		
3. Name:	Phone: () Business/Position: _					/Position:			
I hereby authorize Baptist He employment. I authorize pers Center to provide any releval providing such information. Health/Milestone Wellness	ons, schools, my ci nt information rega I understand that r	urrent employer (if a arding my current a nisrepresentation of	applicable) and previ nd/or previous emplo r omission of facts mo	ous employer yment and I r ty result in re	s and or elease a jection o	ganizations contacte ll persons, schools, e of this application, or	d by Baptist Health/1 employers of any and • if hired, discipline u	Milestone Wellness all claims for p to Baptist	

Health/Milestone Wellness Center. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Baptist Health/Milestone Wellness Center. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Baptist Health/Milestone Wellness Center to hire me. (U.S. Applicants Only: I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or by Baptist Health/Milestone Wellness Center at any time without prior notice for any reason.)

Date: (/) Signature: Printed Name:	
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*Baptist Health/Milestone Wellness Center is an equal opportunity employer. <u>Please do not call to check on the status of your employment application</u>. Each Director hires for their respective department based on the availability of job openings to fill the budgeted work hours. All applications will be reviewed, but calls for interviews will only be made to candidates who are best qualified for the jobs to which they are applying. All applications will be kept on file for at least six (6) months as active interest.