

# US Cryotherapy

Walnut Creek, California

## Application for Employment

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

US Cryotherapy considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability in accordance with federal law. In addition, US Cryotherapy complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. US Cryotherapy also provides reasonable accommodations to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Full Name \_\_\_\_\_ Social Security no. \_\_\_\_\_

### Current Address

Street \_\_\_\_\_ Apartment no. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone no. \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please state your age: \_\_\_\_\_

Do you want to work: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

If part time, specify days and hours: \_\_\_\_\_

Are you willing to work overtime if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

Have you ever been convicted of a crime?\* \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, state nature of offense, when, where, and disposition:

\*A conviction record will not necessarily be a disqualifier to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law. Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, US Cryotherapy will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you authorized to work in the United States on a full-time basis for all employers, or for your current employer only?

All employers \_\_\_\_\_ Current employer only \_\_\_\_\_

State name(s) of any relative(s) in our company and your relationship to them:

#### **RECORD OF EDUCATION** (Begin with high school)

Name and address of school \_\_\_\_\_

Number of years completed \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Diploma or degree received \_\_\_\_\_

Name and address of college/post high school degree \_\_\_\_\_

Course of study \_\_\_\_\_

Number of years completed \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Diploma or degree received \_\_\_\_\_

List Graduate Degree Information if applicable:

\_\_\_\_\_  
\_\_\_\_\_

**PRIOR WORK HISTORY** (List in order, last or current employer first): Please account for any gaps in your employment. If you need more room to complete your prior work history, please use the back of this page.

1. Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name, address, and telephone number of employer: \_\_\_\_\_  
\_\_\_\_\_  
Rate of pay: Start \_\_\_\_\_ Finish \_\_\_\_\_  
Supervisor's name/title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Describe in detail the work you performed: \_\_\_\_\_  
\_\_\_\_\_
2. Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name, address, and telephone number of employer: \_\_\_\_\_  
\_\_\_\_\_  
Rate of pay: Start \_\_\_\_\_ Finish \_\_\_\_\_  
Supervisor's name/title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Describe in detail the work you performed: \_\_\_\_\_  
\_\_\_\_\_
3. Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name, address, and telephone number of employer: \_\_\_\_\_  
\_\_\_\_\_  
Rate of pay: Start \_\_\_\_\_ Finish \_\_\_\_\_  
Supervisor's name/title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Describe in detail the work you performed: \_\_\_\_\_  
\_\_\_\_\_
4. Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name, address, and telephone number of employer: \_\_\_\_\_  
\_\_\_\_\_  
Rate of pay: Start \_\_\_\_\_ Finish \_\_\_\_\_  
Supervisor's name/title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Describe in detail the work you performed: \_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE RECORD**

Have you ever served in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

List duties in the service, including special training that is relevant to the position for which you have applied.

**SKILLS** (that you believe are related to the job for which you are applying)

Are there any other experiences, skills, or abilities that you feel especially qualify you for work with our company?

**PERSONAL REFERENCES** (excluding relatives)

1. Name and occupation \_\_\_\_\_  
Dates known \_\_\_\_\_  
Address \_\_\_\_\_  
Contact number/email \_\_\_\_\_
  
2. Name and occupation \_\_\_\_\_  
Dates known \_\_\_\_\_  
Address \_\_\_\_\_  
Contact number/email \_\_\_\_\_

**PREEMPLOYMENT STATEMENT**

(Please read carefully and sign the statement below)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from US Cryotherapy.
2. Any offer of employment I may receive from US Cryotherapy is contingent upon my successful completion of the company's total preemployment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer preemployment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post-offer preemployment or post-employment medical exams I may be required to take disclosed to US Cryotherapy.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of US Cryotherapy. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to US Cryotherapy. Additionally, I hereby consent to having my motor vehicle report reviewed as a condition of employment as well as randomly throughout my employment.
4. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than an officer, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

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Applicant

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Date

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US Cryotherapy Representative

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Date