



APPLICATION FOR EMPLOYMENT

JOB HOTLINE 750-3686
www.iconfitness.com

Affirmative Action Employer

Logan Division 1500 So. 10th West
 Logan, Utah 84321

Smithfield So. Division 945 South Main
 Smithfield, Utah 84335

Smithfield No. Division 521 South Main
 Human Resource Office Smithfield, Utah 84335

Clearfield Division Clearfield Freeport Center
 M-11 Building
 Clearfield, Utah 84335

NAME _____ Social Security Number _____ Date _____

Present Address _____ Phone Number _____

Are you 18 or over? Yes No Message Phone _____

In case of emergency, notify _____ Address _____ Phone Number _____

Have you ever been convicted of a crime other than minor traffic violations? Yes No If yes, explain: When, Where, Reason: _____

(A CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU FROM BEING CONSIDERED FOR EMPLOYMENT.)

Can you provide documents to establish legal authorization to work within the United States? Yes No

How were you referred to ICON? _____

Have you ever worked at any of ICON Utah Locations? Yes No If yes, Dates: _____ to _____ Position _____

Have you ever worked for Weslo/ProForm? Yes No If yes, Dates: _____ to _____ Position _____

Have you ever worked for Icon/Weslo/ProForm through a temp agency? Yes No If yes, Dates: _____ to _____ Position _____

Relatives or friends who work at ICON _____ NAME AND POSITION AND DEPARTMENT _____

Why do you want to work for ICON? _____

Position(s) you are applying for _____

What shifts are you willing to work? Day Shift Swing Shift Graveyard Any Shift Temporary Part Time Full Time

Wage Expected _____ Date Available _____

Do you type? Yes No WPM _____ 10-Key by touch? Yes No Office machines you operate _____

Computer skills, list hardware and software you have used _____

NAME OF SCHOOL	LOCATION	MAJOR STUDIES	DATES ATTENDED	DEGREE RECEIVED
High School				
College / Other				

Describe any special skills or ability or Military training or Experience

ALL APPLICANTS PLEASE COMPLETE ALL PAGES

EMPLOYMENT HISTORY

(START WITH YOUR MOST RECENT EMPLOYER)

1. NAME OF FIRM		DESCRIBE DUTIES, SPECIAL SKILLS USED, TRAINING RECEIVED, MACHINES USED, ETC.			
ADDRESS OF FIRM					PHONE
TYPE OF BUSINESS					
POSITION/TITLE					
HOURLY RATE	IMMEDIATE SUPERIOR	EMPLOYED FROM (MO. & YR.)	TO (MO. & YR.)	REASON FOR LEAVING	
WHAT WOULD YOUR CURRENT SUPERVISOR TELL US ABOUT YOU?					

2. NAME OF FIRM		DESCRIBE DUTIES, SPECIAL SKILLS USED, TRAINING RECEIVED, MACHINES USED, ETC.			
ADDRESS OF FIRM					PHONE
TYPE OF BUSINESS					
POSITION/TITLE					
HOURLY RATE	IMMEDIATE SUPERIOR	EMPLOYED FROM (MO. & YR.)	TO (MO. & YR.)	REASON FOR LEAVING	

3. NAME OF FIRM		DESCRIBE DUTIES, SPECIAL SKILLS USED, TRAINING RECEIVED, MACHINES USED, ETC.			
ADDRESS OF FIRM					PHONE
TYPE OF BUSINESS					
POSITION/TITLE					
HOURLY RATE	IMMEDIATE SUPERIOR	EMPLOYED FROM (MO. & YR.)	TO (MO. & YR.)	REASON FOR LEAVING	

4. NAME OF FIRM		DESCRIBE DUTIES, SPECIAL SKILLS USED, TRAINING RECEIVED, MACHINES USED, ETC.			
ADDRESS OF FIRM					PHONE
TYPE OF BUSINESS					
POSITION/TITLE					
HOURLY RATE	IMMEDIATE SUPERIOR	EMPLOYED FROM (MO. & YR.)	TO (MO. & YR.)	REASON FOR LEAVING	

- IMPORTANT - READ THIS CAREFULLY BEFORE SIGNING

We prohibit smoking except in designated areas.

By signing below I state that all the information provided by me with my application for employment, and on this application form is correct. I understand that omissions or misrepresentations are cause for rejection of this employment application and I authorize any person, company or educational institution to answer any questions about me and agree to hold all persons and ICON harmless for seeking or giving such information at any time.

I understand that to be considered for employment with ICON I must submit to, and pass, a drug test. I hereby consent to such testing as outlined in the Company's Drug/Alcohol Testing Policy and authorize the disclosure of the results to ICON.

If employed, I agree that if ICON advances money or other things of value to me, or I become financially indebted to the company, I will repay that indebtedness. I also agree that any amounts due from me to the company at the time of my termination may be deducted from any wages or other money owed to me.

I understand that I will be required to provide proof of identity and work eligibility in compliance with the Immigration Reform and Control Act.

I understand that this document does not create a contract of employment and that if employed, I may voluntarily leave or be terminated at any time for any reason or for no reason.

THIS DOES NOT CONSTITUTE AN EMPLOYMENT CONTRACT.

SIGNATURE OF APPLICANT _____ DATE _____

ICON HEALTH & FITNESS

PRE-EMPLOYMENT QUESTIONNAIRE

NAME _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS:

- 1 - DO YOU HAVE ANY RESPONSIBILITIES THAT CONFLICT WITH THE ATTENDANCE REQUIREMENTS FOR THIS JOB?
- 2 - WHAT IS THE LONGEST AMOUNT OF TIME THAT YOU HAVE EVER WORKED FOR ONE COMPANY?
- 3 - WHAT SKILLS AND/OR EXPERIENCE DO YOU BRING TO THIS JOB?
- 4 - PLEASE LOCATE THE BLUE OR RED DESCRIPTION BOOK IN THE H.R. OFFICE AND READ THE DESCRIPTION OF THE JOB THAT YOU ARE APPLYING FOR.
- 5 - THIS JOB MAY REQUIRE HEAVY LIFTING OF UP TO 50 LBS, STANDING, REACHING, CROUCHING, LIFTING, CRAWLING, AND GOOD DEXTERITY. ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THIS JOB?
- 6 - PLEASE LIST ANY POWER AND/OR HAND TOOLS THAT YOU HAVE HAD EXPERIENCE WORKING WITH.
- 7 - HOW WOULD YOU DESCRIBE YOUR CURRENT SUPERVISOR?
- 8 - PLEASE DESCRIBE YOUR FAVORITE JOB AND WHY.
- 9 - PLEASE DESCRIBE YOUR LEAST FAVORITE JOB AND WHY.
- 10 - IF ICON Health & Fitness, Inc. EXPERIENCES A CHANGE IN BUSINESS VOLUME, MY SCHEDULE (HOURS AND DAYS) MAY BE ADJUSTED TO ACCOMMODATE THESE CHANGES. _____ Initial Please.

SIGNATURE _____ DATE _____

Employment Data Record

FOR POST HIRE USE ONLY DETACH HERE

Employees are treated during employment without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. THIS INFORMATION WILL BE KEPT CONFIDENTIAL WITH THE EXCEPTIONS ALLOWED BY LAW.

← DETACH HERE

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the gender, ethnicity, disability, veteran and other protected statuses of employees. This data is for statistical analysis with respect to the success of the affirmative action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security No.		

Current Job		
Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age		
Check One Of The Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
Check If Any Of The Following Are Applicable		
<input type="checkbox"/> Vietnam Era Veteran (Served on active duty for 180 days between August 1964 and May 1975.)	<input type="checkbox"/> Disabled Veteran (An individual with a service related disability.)	<input type="checkbox"/> Need Reasonable Accommodations