- Ensuring the club's monthly membership goals are met and exceeded;
- Building and maintaining strong customer relationships and resolving customer issues;
- Assisting in meeting the club's monthly retention goals.
- Collaborate and effectively work with other Membership Sales Associates.

As a Membership Sales Associate, you will develop and work your own lead system in correlation with the resources provided to you by LifeCenter Plus as well as researching, identifying and developing your own leads.

- Promoting club memberships and services sales;
- Guiding and touring potential members;
- Following daily sales book activities;
- Having all needed reports available on a weekly and monthly basis;
- Attending all sales and club meetings, events and community outreaches.

As a Membership Sales Associate, you must be very sociable, good-natured, organized, detail oriented and have a real interest in the club's members and their personal health and fitness goals.

Additionally, the Membership Sales Associate must:

- Possess a minimum of 1 year of successful experience in sales, preferably in the fitness/exercise industry;
- Proven relationship building skills;
- Persuasive verbal and written communication skills;
- Proficient in computer and CRM skills.

As a Membership Sales Associate with LifeCenter Plus, your compensation includes a base hourly rate and commission structure as well as a free membership and club service discounts.

APPLICATION FOR EMPLOYMENT (Please Print)

IF YOU NEED ASSISTANCE TO PARTICIPATE IN THE APPLICATION PROCESS (SUCH AS FILLING OUT THE APPLICATION, TAKING A TEST, THE JOB INTERVIEW OR A JOB DEMONSTRATION), PLEASE INFORM THE HUMAN RESOURCES DEPARTMENT.

Applicant:

Complete All Information On All Pages.

PERSONAL

PERSUNAL	
LAST NAME FIRST NAME MIDDLE INITIAL	DATE
STREET ADDRESS	CELL PHONE NUMBER
CITY STATE ZIP CODE	HOME NUMBER
TYPE OF WORK APPLYING FOR:	EMAIL ADDRESS
FRONT DESKINSTRUCTOROFFICE/CLERICALPROFESSIONALSALES	LIVINIE ADDINESS
MAINTENANCEHOUSEKEEPINGLIFE GUARDCHILD CARE	
FULL TIME PART TIME TEMPORARY	
DESCRIBE BRIEFLY TYPE OF WORK YOU WOULD LIKE TO DO, APPLICATIONS ARE FILLED ACCORDING TO THE POSITION APPLIED FOR; THEREFORE, BE AS SPECIFIC AS POSSIBLE IN YOUR DESCRIPTION.	EARNINGS EXPECTED
	ANNUAL \$
	OR
	HOURLY \$
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY LIFECENTER PLUS?	DATE YOU WOULD BE AVAILABLE TO BEGIN WORK.
YESNO IF YES, WHEN?	
YOUR NAME THEN, IF DIFFERENT.	
IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT A BIRTH CERTIFICATE, SOCIAL SECURITY CARD, CERTIFICATE OF U.S. CITIZENSHIP OR VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?	ARE YOU OVER 18 YEARS OF AGE?
YESNO	YESNO
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US?	IF YOU ARE APPLYING FOR A POSITION INVOLVING EVENING OR WEEKEND WORK.
YESNO IF YES, PLEASE EXPLAIN.	CAN YOU FULFILL SUCH SCHEDULING REQUIREMENT?
	YESNO
LIST HONORARY / PROFESSIONAL SOCIETY MEMBERSHIPS AND JOB RELATED ORGANIZATIONS TO WHICH YOU CURRENTLY BELONG WHICH YOU CONSIDER RELEVANT TO YOUR ABILITY TO PERFORM THE JOB YOU ARE SEEKING.	ARE YOU WILLING TO WORK OVERTIME IF REQUESTED?
DO NOT INCLUDE ANY LABOR ORGANIZATIONS FOR ORGANIZATIONS THE NAME OR CHARACTER OF WHICH INDICATE RACE, CREED, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, DISABILITY OR AGE	YESNO

LIFECENTER PLUS IS AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, PROTECTED VETERAN STATUS OR DISABILITY.

EDUCATION AND TRAINING

EDUCATION AND TRAINING				1		
SCHOOL NAME AND LOCATION	COURSE OF STUDY	NO. OF Y COMPL (CIRCLE	ETED	DID YOU GRADUATE?	GRADE AVERAGE	DEGREE OR DIPLOMA
HIGH SCHOOL		1 2 3	•	☐ YES	-	
COLLEGE		1 2 3	3 4	☐ YES		
GRADUATE SCHOOL		1 2 3	3 4	□ NO □ YES		
APPRENTICE, BUSINESS, TECHNICAL SCHOOL				☐ NO ☐ YES ☐ NO		
OTHER				☐ YES ☐ NO		
ARMED FORCES				_ NO		
LIST ANY COURSES YOU HAVE CON QUALIFICATIO	I IPLETED WHICH INS FOR THE PO				EVALUATIN	G YOUR
COURSE	DATES ENROL IN COURSE			SCHOOL OR OTHER PONSOR OF COURSE	DESCRI	BE MAJOR CONTENT OF COURSE
	FROM TO					
	FROM TO					
	FROM TO					
	FROM TO					
INQUIRIES						
MAY WE CONTACT YOUR PRESENT EMPLOYER?	YES NO		P	REVIOUS EMPLOYER	?	YES NO
PLEASE IDENTIFY ANY EXCEPTIONS AND REASONS FOR NOT C	ONTACTING EMPLOYER.					
HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FRO	OM ANY EMPLOYMENT?					
YES NO	IF "YES," PLEASE	EXPLAIN				
PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOU ADDITIONAL WORK EXPERIENCE, ARTICLES OR BOOKS PUBLISI INFORMATION INDICATIVE OF AGE, SEX, RACE, RELIGION, COLO	HED, ACTIVITIES, ACCOM	IPLISHMENTS	S, AWARD	S, ETC. (PLEASE EXC		

EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT STARTING WITH PRESENT OR MOST RECENT EMPLOYER. ACCOUNT FOR ALL PERIODS OF TIME, INCLUDING UNEMPLOYMENT AND SERVICE IN THE MILITARY.

DATES	EMPLOYER NAME, ADDRESS AND PHONE	1. JOB TITLE 2. DEPARTMENT 3. SUPERVISOR	DESCRIBE MAJOR DUTIES	WAGES STARTING FINAL	REASON FOR LEAVING
From		1		Starting \$ Per	
Month Year To		2		1 01	
Month Year		3		Final \$ Per	
From		1		Starting Per	
Month Year To		2		ψ 1 C1	
Month Year		3		Final \$ Per	
From		1		Starting \$ Per	
Month Year To		2	_		
Month Year		3	_	Final \$ Per	
From		1		Starting \$ Per	
Month Year To		2			
Month Year		3		Final \$ Per	
From		1		Starting \$ Per	
Month Year To		2	_	φ <u>Γ</u> ΘΙ	
Month Year		3		Final	
				\$ Per	

This application will be active for only 90 days from the date filed. After 90 days, if you still wish to be considered for employment, recontact us.

REFERENCES (at least three - no relatives)

NAME AND ADDRESS	OCCUPATION	TELEPHONE
1		
2		
3		
4		

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY SO THAT YOU ARE SURE YOU FULLY UNDERSTAND IT BEFORE SIGNING

"I authorize the Company to make any investigation of my personal or employment history and authorize and current or former employer, person, firm, corporation, school, credit agency, or government agency to give the Company any information they may have concerning me. In consideration of the Company's review of this application, I release the Company, its parent and subsidiaries, as well as all providers of information, from any liability as a result of furnishing and receiving this information.

I consent to taking a post-offer job-related medical examination and such job-related medical examination in the future as may be required by the Company. I hereby agree to submit to a pre-employment substance abuse test to test for illegal use of drugs as a condition of my employment, if so required. I further agree to submit to lawful substance abuse testing as a condition of my continued employment and understand that refusal to submit to such lawful testing during the course of my employment may result in disciplinary action up to and including discharge.

I recognize that if offered employment, I will be required to sign statements dealing with policies on Conflict of Interest, Confidential Information, Intellectual property, and Non-Competition, as well as an Invention Assignment Agreement, if pertinent.

Further, if I am employed by the Company, I agree to hold in strictest confidence, and not use or disclose to anyone, except as required by my duties as an employee, any confidential information of the Company or other information and data pertaining to activities and operations of the Company not marked available to the general public, either by the Company or with the Company's consent. I understand this obligation to keep information confidential and secret shall survive the termination of my employment and remain in effect for as long as I have knowledge or possession of information that remains confidential or secret. Upon termination of my employment, I will promptly deliver to the Company the original, and all copies of summaries, of all drawings, blueprints, manuals, letters notes, notebooks reports, files, computer and programming data and all other material of a secret or confidential nature relating to the Company's business, whether in human or machine-readable-only form, and which are in my possession or under my control.

I acknowledge that any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the Company or myself. In the event I am employed by the Company, I understand my employment will be "at will." That is, my employment can be terminated, with or without cause, and with or without notice, at any time at the discretion of either the Company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement contrary to the foregoing. I further acknowledge that the Company reserves the right to terminate, suspend, withdraw, amend or modify all or any part of its employment practices or policies or its benefit plans.

I agree that the entire contents of this application form, as well as the reports of any examinations, may be used by the Company in any lawful manner. I hereby affirm that the information provided in this application (and accompanying resume, diploma and school transcripts, if any) is true and complete to the best of my knowledge. I also understand that falsified information or significant omissions may disqualify me from further consideration for employment and may result in my termination if discovered at a later date."

Applicant's Signature	Date