

Destination Fitness 5210 N. West Street, Johnsburg, IL 60051 847-497-3474 Office 847-370-3011 Mobile 847-886-0134 Fax

Email: destinationfitnessinhome@gmail.com Serving Northern Illinois, Milwaukee, Waukesha, Kenosha & Walworth Counties in Wisconsin

NAME:		
ADDRESS:	TOWN+ZIP	
HOME PHONE:	CELL PHONE:	
EMAIL:		
PREVIOUS OR PRESENT PLACE	OF EMPLOYMENT:	
1. COMPANY NAME:		
JOB TITLE+DESCRIPTION OF		
DUTIES:		
ADDRESS:		
PHONE NUMBER:		
HOW LONG HAVE YOU BEEN	EMPLOYED THERE?	
CONTACT NAME FOR EMPLO	YMENT VERIFICATION	
2. COMPANY NAME:		
JOB TITLE+DESCRIPTION OF		
ADDRESS:		
PHONE NOWBER:		
HOW LONG HAVE YOU BEEN	EMPLOYED THERE?	
CONTACT NAME FOR EMPLO	YMENT	
VERIFICATION		
	GREES AND CERTIFICATES OF EDUCATION-FITNESS YOU ROM WHERE YOU RECEIVED THEM:	
PERSON TO CONTACT IN CAS	E OF	
EMERGENCY:		
PHONE NUMBER WHERE WE		
THEM:	URANCE?IF SO, WITH	
	JRANCE?IF SO, WITH	
	·	
DATE OF BIRTH		
DRIVER'S LICENSE NUMBER		

SOCIAL SECURITY NUMBER	
PLEASE LIST 2 NAMES AND PHONE NUMBERS OF P	
REFERENCE,+ HOW THEY KNOW YOU: 1	
PHONE#	
2	
PHONE#	
How did you find out about	
us?	
BACKGROUND CHECK CO	NSENT FORM
Destination Fitness conducts a criminal background	•
who will be participating with In-Home and Corpo	orate Fitness Training.
Full Name (First, Middle,	
Last)	
Social Security Number	
Other Names	
Used	
Current Street Address, City, State, ZIP	
CodeCormon Street Address _City_StateZID_	
Former Street Address, City, State , ZIP	
Code	
	
Date of Birth	Day Time Phone Number
I hereby authorize Destination Fitness/Jill Lindbe	•
record information pertaining to me which may be	-
criminal justice agency.	•
Signature	Date
I,HAVE READ THE ABOVE	
STATEMENTS ARE TRUE. SIGNED	
DATE:	