



## Job Assurance Guarantee Request Form

To request your Job Guarantee, submit this form to [jobguarantee@traineracademy.org](mailto:jobguarantee@traineracademy.org) within 90 days of completing your IPTA CPT certification.

First Name

Last Name

Email

CPT Certification #

Primary Address

Note: Gyms must be within 50 miles of your primary residence at the time of your application.

### Employer 1

Application Date

Facility Name

Facility Address

Facility City, State, Zip Code

Hiring Manager First and Last Name

Hiring Manager Phone

Hiring Manager Email

### Employer 2

Application Date

Facility Name

Facility Address

Facility City, State, Zip Code

Hiring Manager First and Last Name

Hiring Manager Phone

Hiring Manager Email

### Employer 3

Application Date

Facility Name

Facility Address

Facility City, State, Zip Code

Hiring Manager First and Last Name

Hiring Manager Phone

Hiring Manager Email

By signing below, I confirm that I have applied to the locations mentioned above, all of which are within a 50-mile radius of my primary residence, and that I have not received any employment offers. I grant IPTA permission to verify my application status with these employers.

Signature

Date Submitted to IPTA