



## 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	