



APPLICATION FOR EMPLOYMENT

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, HANDICAP, OR VETERAN STATUS.

Full Name

Today's Date

Cell #

Email

Address

Position Desired

Hours per week desired

Desired start date

What days are you available to work?

- Monday**
- Tuesday**
- Wednesday**
- Thursday**
- Friday**
- Saturday**

Are you CPR/First Aid certified?

- Yes**
- No**

Education History (please include school name, graduation year, and course of study)

Previous Work History

Employer	Address	Phone Number

Please detail your experience as a gymnast, cheerleader, teacher, or coach. What groups or levels did you work with and what were your duties? What experience do you have with children?

References (please include 3 names and phone numbers)

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

REALIZING THIS IS A BUSINESS OF CHILDREN, I UNDERSTAND THAT BY SIGNING THIS I AM SPECIFICALLY ACKNOWLEDGING THAT SCEGA GYMNASTICS MAY PERFORM VARIOUS BACKGROUND CHECKS, INCLUDING BUT NOT LIMITED TO REVIEWING MY COMPLETE CRIMINAL HISTORY.

Signature

Date