

Employment Application

Twisters Gymnastics

385 Franklin Ave, Rockaway, NJ 07866

973-627-3276

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

What positions are you interested in? Availability: Mon Tues Wed Thurs Fri Sat Sun
Classes Parties Class Sub

Education

High School: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____