

Madison Gymnastics World 775 Scott Court Madison, IN 47250 812.273.6733

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

Gymnastics Application for Employment

(Pre-Employment Questionnaire)

Last Name:		First:				Date:		
Address:		City:						
State:	Zip Code:			Home Phone:				
Email Address: _								
Position Desired	:	How many	hours per week d	o you desire?		Start date:		
that Madison	Gymnastics W	orld may perfo	nderstand that b orm various bac d check would b authorizat	kground checks e performed p	, including bu	t not limited to	reviewing my	
Signature:						_ Date:		
School Name & Location		Course of Study		No. of Years Completed		Did You Graduate?		
Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
8am-3pm								
3pm-8pm								
Have you ever	been dismissed	from employme	ent or laid off?		Why?			
. Are you legally	/ eligible to worl	k in the United St	tates? Yes	No				
. Check off area	s you are certifi	ed in: USGA Safe	ty Fir	st Aid Certification	on	CPR Certified		
CPR Certified	Certified KAT MELP		Preschool		FUNdamentals			
I. Interests, activ	vities, honors:							
	y from week to volems with this?		onally you may be	•	-	-	day off. Do yo	

Date Month/Year	Name	Phone & Email	Salary	Position	Reason for Leaving
FROM:					
TO:					
FROM:					
TO:					
FROM: TO:					
7: Are you currently em	ployed?	May	we contact your cu	ırrent employer?	
8. Which of these jobs o	lid you like the bes	t?			
9. Why?					
10. What did you like th	e least?				
11. List any past injuries	that may prevent	you from performing the j	ob duties of a gymn	astics instructor:	
"I CERTIFY THAT THE FA	CTS CONTAINED IN	N THIS APPLICATION ARE T	RUE AND COMPLETI	TO THE BEST OF M	IY KNOWLEDGE AND
UNDERSTAND THAT, IF	EMPLOYED, FALSIF	FIED STATEMENTS ON THIS	APPLICATION SHAL	L BE GROUNDS FOR	DISMISSAL. I
		MENTS CONTAINED HEREI			
		VIOUS EMPLOYMENT AND			•
		DAMAGE THAT MAY RESU			
		IS FOR NO DEFINITE PERIO	· ·		E OF PAYMENT OF MY
		ANY TIME WITHOUT PRIOR			
		.DREN, I UNDERSTAND T ARIOUS BACKGROUND C		THIS I AM ALLOWI	ng madison

Additional Information for Teachers

Please detail your experience as a gymnast or cheerleader. Please start with your most recent training.

Where You Trained	For How Long?	Dates of When You Trained
	ast, cheerleader, teacher, or coach. Provoage of this application. What groups or l	
	hes that you would use with a group of 8	-
Describe you greatest strengths and wea	aknesses as a teacher:	

Please write lesson plans for a beginning gymnastic class for girls ages 6-12. Please be specific.

BEAM	BARS	VAULT	FLOOR