



# Western Pennsylvania Gymnastics Club

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 \_\_\_\_\_ Today's Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail address (print) \_\_\_\_\_

Position desired \_\_\_\_\_

How many hours per week do you desire? \_\_\_\_\_

When can you start? \_\_\_\_\_

**Realizing this is a business of children, I understand that by signing this application, I am specifically acknowledging that Western Pennsylvania Gymnastics Club may perform various background checks, including but not limited to reviewing my complete criminal history. This background check would be performed pre-employment/post offer, with a separate authorization form.**

**Signature X \_\_\_\_\_ Date \_\_\_\_\_**

School Name & Location	Course of Study	No. of Years Completed	Did You Graduate?

Available to work:

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
8:00 - 3 p.m.							
3 - 8:00 p.m.							

1. Have you ever been dismissed from employment or laid off? \_\_\_\_\_ Why? \_\_\_\_\_

2. Are you legally eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Check off areas you are currently certified in: USAG Safety \_\_\_\_\_ First Aid Certified \_\_\_\_\_

CPR Certified \_\_\_\_\_ KAT \_\_\_\_\_ MELPD \_\_\_\_\_ Preschool FUNDamentals \_\_\_\_\_

4. Interests, activities, honors \_\_\_\_\_
5. Our hours vary from week to week and occasionally you may be asked to stay late, leave early, or come in on your day off.
6. Do you foresee any problems with this? \_\_\_\_\_
7. Would you like to work in the office in the future? \_\_\_\_\_

**FORMER EMPLOYERS** (List below last three employers, starting with the most recent one first.)

Date Month/Year	Name	Phone # and email	Salary	Position	Reason for Leaving
FROM _____					
TO _____					
FROM _____					
TO _____					
FROM _____					
TO _____					

8. Are you currently employed? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_
9. Which of these jobs did you like best? \_\_\_\_\_
- Why? \_\_\_\_\_
- 
10. What did you like least? \_\_\_\_\_

11. List any past injuries that might prevent you from performing the job duties of a gymnastics instructor.

"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 ALLOWING WESTERN PENNSYLVANIA'S GYMNASTIC CLUB TO PERFORM VARIOUS BACKGROUND CHECKS.

Date: \_\_\_\_\_ Signature \_\_\_\_\_