

# Application For Employment

Please complete all sections of this application. Incomplete applications may not be considered.

## This application is for:

Position Applied For:

Date of Application

## Personal Information

Full Name:

Address:

City/ State/ Zip

Phone Number

Email:

Are you legally eligible to work in the United States? ☐ Yes ☐ No

Are you at least 18 years old? ☐ Yes ☐ No

## Availability

Available Start Date:

Desired Employment: ☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Temporary

Desired Pay:

## Education & Certifications

High School:

Graduate? ☐ Yes ☐ No

College/University:

Degree/Program:

Graduate? ☐ Yes ☐ No

Certifications (CPR, First Aid, USAG, etc.):

## Gymnastics and/or Cheer Education

List any gymnastics and/or cheer certification you have:

List any High School/Club Programs, Clinics, Training Sessions, and/or Camps you have attended:

List any other experience that you may feel qualify you for the position:

**Work Experience (Most Recent First)**

1. Employer:	Dates Employed:
Position:	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:	
Reason for Leaving:	

2. Employer:	Dates Employed:
Position:	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:	
Reason for Leaving:	

Have you ever been involuntarily terminated from a position of employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.
---

**References (Professional Preferred)**

Name:	Relationship:
Phone:	Email:

Name:	Relationship:
Phone:	Email:

**Additional Information**

Briefly describe your experience working with children or coaching gymnastics:
Do you speak any additional languages other than English <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which languages:
Do you have reliable transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No

## **Weekly Availability**

### **Monday**

Available ☐ Yes ☐ No

Available Times (Example: 3:00pm to 6:00pm): \_\_\_\_\_

### **Tuesday**

Available ☐ Yes ☐ No

Available Times (Example: 3:00pm to 6:00pm): \_\_\_\_\_

### **Wednesday**

Available ☐ Yes ☐ No

Available Times (Example: 3:00pm to 6:00pm): \_\_\_\_\_

### **Thursday**

Available ☐ Yes ☐ No

Available Times (Example: 3:00pm to 6:00pm) \_\_\_\_\_

### **Friday**

Available ☐ Yes ☐ No

Available Times (Example: 3:00pm to 6:00pm) \_\_\_\_\_

### **Saturday**

Available ☐ Yes ☐ No

Available Times (Example: 3:00pm to 6:00pm): \_\_\_\_\_

# Statements of Acknowledgment

PLEASE READ THE FOLLOWING STATEMENTS CARE FULLY AND INITIAL TO INDICATE YOUR UNDERSTANDING AND ACCEPTANCE

	I certify that all the information provided by me in connection with my application, whether in this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
	I understand that as a condition of my employment, I will be required to provide legal proof of authorization to work in the U.S.
	I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you
	I authorize the company to conduct a background check, including verification of past employment, education, criminal history, and any other relevant information necessary for employment consideration.
	If hired, I agree to a drug screening prior to my employment. I also acknowledge that there may be random drug screening tests during my employment.
	If hired, I understand that I will be required to complete Safe Sport, USAG Safety Certification, U100 and CPR/First Aid Certifications within the first 30 days of my employment. I further understand that all listed certifications must remain current throughout the entirety of my employment.
	I understand that employment with this company is at-will, meaning either the company or I may terminate the employment relationship at any time, with or without cause or notice, unless otherwise stated in a written agreement signed by authorized company representatives.
	I understand that submitting this application does not guarantee employment and that additional steps, such as interviews and assessments, may be required.

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

By signing the above, I certify that the information provided is true and complete to the best of my knowledge.