

**Employment Application**

**Name: Birthdate: / /**

**Address:**

**Cell Phone: Emergency Contact:**

**Home Phone: Emergency Phone:**

**Email: Relationship:**

**Medical conditions we should be aware of (will be kept private):**

**Available start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education**

 **Education Name & Location Degree/Major Graduate Year**

|  |  |  |  |
| --- | --- | --- | --- |
| **High School** |  |  |  |
| **College/University** |  |  |  |
| **Other** |  |  |  |

**Please list any special skills, qualities, experience, and/or characteristics that may contribute to your abilities to perform the position being applied for:**

**Please circle any/all programs listed below that you are interested in teaching:**

**Recreational Gymnastics Trampoline & Tumbling Kindernastics**

 **Cheer Tumbling Competitive Cheer Team Competitive Gymnastics Team**

**Previous Employment – Start with most recent**

1. Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: Started: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: (Please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer? Yes\_\_\_ No\_\_\_

1. Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: Started: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates of Employment: Started: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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