

# EMPLOYMENT APPLICATION



To be considered for employment, please complete all applicable sections

Name :  Phone # :  -  -

Email Address :

When are you available to begin employment? :

Place a checkmark to indicate the times you are available for each day of the week :

Desired category of work :

<input type="checkbox"/>	<input type="checkbox"/>
Instructor / Coach	Office / Customer Service

MON :	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
TUE :	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
WED :	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
THUR :	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
FRI :	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
SAT :	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
SUN :	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Desired Pay Rate :

Do you have any special circumstances that may hinder you from performing any job duties? :  Yes  No

If yes, please describe :

\*Attach additional pages/documents if needed

Our hours of operation have the possibility to vary from week to week. Occasionally, you may be asked to stay late, leave early, or come in on your day off. Do you foresee any problems with this? :  Yes  No

If yes, please describe :

Do you have reliable transportation to work? :  Yes  No

If no, how do you plan on getting to work? :

Have you ever been convicted of a crime? :  Yes  No

If yes, please explain :

Have you ever been dismissed from a job? :  Yes  No

If yes, please explain :

Have you graduated from high school? :  Yes  No

List any education beyond high school, fields of study, and graduation status :

**Instructor / Coach Applicants**

Were you a gymnast? :  Yes  No

If yes, for how long/describe experience? :

Who were your former coaches? :

Did you earn any awards or titles in gymnastics, tumbling, or related fields? :

Have attended any classes/clinics that you feel benefited your ability as an instructor? :  Yes  No

If yes, please describe? :

*See next page to complete references and sign agreements*

**Office / Customer Service Applicants**

Please describe your familiarity/knowledge of gymnastics, and/or other related sports? :

What experience do you have that you feel will benefit your ability as an office/customer service member? :

*See next page to complete references and sign agreements*

**TCG Office Use Only :**

- In-person INTVW     References     BC     ARC
- Working INTVW     Probationary Period

Please list the last four jobs you've held, starting with the most recent :

Employer :  Dates employed :   
 City/State :  Phone # :  Salary :   
 Position held :  Reason for leaving :

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 City/State :  Phone # :  Salary :   
 Position held :  Reason for leaving :

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Which of these jobs did you enjoy the most? :

What did you like most about that job/employer? :

Why would you be a good fit for a job here at TCG? :

Please provide names and contact info for three individuals (not related to you) for whom you have worked for, or know you well :

Name :  Phone # :

Name :  Phone # :

Name :  Phone # :

**See next page to sign agreements**

Please read, initial each, and sign after the following agreements:

I authorize Tri-County Gymnastics to obtain information about me from my former employers, schools, and credit sources. I authorize my previous employers, schools that I have attended, and all credit sources to disclose to Tri-County Gymnastics such information about me as Tri-County Gymnastics may request. I release all parties from all liability for any damage that may result from furnishing the same to you.

**Applicant Signature :**

**Date :**

I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

**Applicant Signature :**

**Date :**

I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I understand that no representative of the company, other than the president, has authority to change the terms of an at-will employment and that any such change can occur only in a written employment contract.

**Applicant Signature :**

**Date :**

Thank you for submitting your application!

We're an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran or disability status.