



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] [An Equal Opportunity Employer]

Last Name _____ First _____ Today's Date _____

Street Address _____ City _____

State _____ Zip Code _____ Home Phone _____ Cell # _____

E-mail Address _____

Position Desired _____ Social Security # _____

How many hours per week do you desire? _____ Pay expected _____

Are you 18 or older? _____ When can you start? _____

EDUCATION: Give the names, location and course of studies below, starting with the most recent.

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

AVAILABILITY: List times you are available to work under each day of the week.

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
a.m.							
p.m.							

1. The safety of our students is top priority. Teaching physical skills to children requires quick movements and spotting and lifting heavy children, sometimes while in awkward positions. Also, a necessary part of the job includes moving and adjusting gymnastics apparatus such as Vault Table and Parallel Bars which can weigh as much as two hundred pounds. Do you have any injuries or conditions which could limit your ability to safely perform the duties required for the position you are applying for? If yes, please explain in detail:

2. Have you ever been convicted of a crime? _____ Yes _____ No _____

3. Have you ever been dismissed from employment or laid off? _____

Why? _____

4. Are you legally eligible to work in the United States? Yes? _____ No? _____

5. Are you now or have you ever been: Safety Certified _____ First Aid Certificate _____
CPR Certified _____ KAT Certified _____

6. Do you have your own car or dependable way to work? _____ Explain _____

7. Where and how long did you have lessons in gymnastics? _____

8. Former teachers and coaches: _____

9. Any awards won in gymnastics, tumbling or related fields: _____

10. Interest, activities, honors: _____

11. 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. Do you foresee any problems with this? _____

12. Would you like to work in the office in the future? _____

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

Date Month / Year	Name and Address of Employer	Salary	Position	Reason for Leaving
FROM _____				
TO				
FROM _____				
TO				
FROM _____				
TO				
FROM _____				
TO				

Are you currently employed? _____ May we contact your current employer? _____

Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES: Give the name of three persons not related to you who you have worked for.

Name	Phone Number	Business	Years Acquainted
1.			
2.			
3.			

"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 DISMISAL.

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 GYMSPORT LLC, dba GYMSPORT GYMNASTICS, TO PERFORM VARIOUS BACKGROUND CHECKS.

Date: _____ Signature: _____