

**Application for Employment**

**Personal Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we text you? Y\_\_\_ N\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Employment Desired:**

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date You Can Start: \_\_\_\_\_\_\_\_\_\_

Wage Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently Employed? Y\_\_\_ N\_\_\_

If so, may we inquire of your present employer? Y\_\_\_ N\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied here before? Y\_\_\_ N\_\_\_ When: \_\_\_\_\_\_\_\_\_\_\_

**Education:**

|  | **Years Attended** | **Graduate Y/N** | **Area of Study** |
| --- | --- | --- | --- |
| **High School:** |  |  |  |
| **Trade/Business School:** |  |  |  |
| **College:** |  |  |  |
| **Other:** |  |  |  |

**Have you ever been convicted of any crime, including sex related or child abuse related offenses? Y\_\_\_ N\_\_\_**

**If yes please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Information:**

|  | **Yes** | **No** | **If certified, date of expiration** |
| --- | --- | --- | --- |
| **USAG Safety Certification** |  |  |  |
| **First Aid Certification** |  |  |  |
| **CPR Certification** |  |  |  |
| **AED Certified** |  |  |  |
| **Ever worked for U.S. Military / Government** |  |  |  |
| **Other Certifications:** |  |  |  |
| **Other Certifications:**  |  |  |  |

**List Personal Participation Experience in Gymnastics / Cheer / Dance / Etc.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List Teaching Experience in Gymnastics / Cheer / Dance / Etc.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List Experience Working With Children**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Why do you want to work at Gulf Coast Gymnastics?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle all the words that best describe you:**

Leader

Diligent

Individual Thinker Team Player Enthusiastic Encourager Disciplinarian Educator

Follower

Low Key

Motivator

Positive

Analytical

Risk Taker

Stable

Quiet

Harsh

Organizer

Perfectionist Emotional Professional

Helper

Compliant

High Energy

**Employment History:**

| **Name of Employer** | **Address of Employer** | **Salary** | **Position** |
| --- | --- | --- | --- |
| **Start Date** | **End Date** | **Reason for Leaving** |
| **May we contact them?** **Y\_\_\_ N\_\_\_** | **Name & Phone No.** |

| **Name of Employer** | **Address of Employer** | **Salary** | **Position** |
| --- | --- | --- | --- |
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| **Name of Employer** | **Address of Employer** | **Salary** | **Position** |
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| **Name of Employer** | **Address of Employer** | **Salary** | **Position** |
| --- | --- | --- | --- |
| **Start Date** | **End Date** | **Reason for Leaving** |
| **May we contact them?** **Y\_\_\_ N\_\_\_** | **Name & Phone No.** |

**References** List the names of three persons not related to you whom you have known for at least one year. 1 Employer + 1 Coworker +1 Friend

| **Name:** | **Phone No.** | **Relationship** | **Years Known** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Work Availability:**

(Please Circle)

Monday

8-noon

12-4

4-8

Tuesday

8-noon

12-4

4-8

Wednesday

8-noon

12-4

4-8

Thursday

8-noon

12-4

 4-8

Friday

8-noon

12-4

4-8

Saturday

8-noon

12-4

4-8

**Please circle all the areas you are interested in working:**

Preschool Gymnastics

Preschool Ballet

Girls Gymnastics Classes

Boys Gymnastics Classes

Cheer Tumbling Classes

Adult Tumbling Classes

Girls Gymnastics Team

Boys Gymnastics Team

Front Desk

Cleaning

Parties

Fieldtrips

Tumbling Clinic

4 Hour Fitness

Spring/Fall Fling

National Gymnastics Day

**Authorization:**

“I certify that the facts contained in this application are true to the best of my knowledge and understand that, if employed, falsified statements on this application should be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

 I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

 This waver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

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

**Interviewed By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**