



Gymnastic Academy

Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION

NAME (First and Last)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
CURRENT PHONE NO.	PERMANENT PHONE NO.	CELL PHONE NO.	
HOW DID YOU HEAR ABOUT KIDSPORT?			

EMPLOYMENT DESIRED

POSITION INTERESTED IN	FULL TIME or PART TIME <input type="checkbox"/> <input type="checkbox"/>	DATE YOU CAN START	SALARY OR WAGE DESIRED
HAVE YOU EVER TAKEN GYMNASTIC CLASSES? CHEERLEADING?		IF SO, HOW LONG? AND WHAT CLASS LEVEL?	
HAVE YOU EVER TAUGHT GYMNASTICS OR CHEERLEADING?		IF SO, WHEN AND WHAT CLASS LEVEL?	
ARE YOU USAG SAFETY CERTIFIED?	DO YOU HAVE A USAG GENERAL OR PROFESSIONAL MEMBERSHIP?	CPR CERTIFIED?	
HAVE YOU ATTENDED ANY SPECIAL TRAINING, CONGRESSES OR CLINICS?			

EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	YRS ATTENDED	GRADUATE?	MAJOR
HIGH SCHOOL				
COLLEGE				
OTHER SCHOOL				

EMPLOYMENT HISTORY

DATES (MONTH/YEAR)	NAME AND ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING	May we Contact?
FROM					
TO					
FROM					
TO					
FROM					
TO					

Continued on next page...

REFERENCES

NAME	CITY & STATE, PHONE NO.	BUSINESS / HOW KNOWN	Yrs Known

AUTHORIZATION

"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 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 the make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver 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 _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS _____

HIRED? _____ POSITION _____ START DATE _____ PAY RATE _____

APPROVAL BY _____