



All Around Gymnastic Academy

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Instructions: Please print, complete all sections, place in an envelope and **SEAL**.

| | | | |
|------------------------------------|------------|----------------------|----------------------------|
| Applicants Information | | | Date of Application / / |
| Last Name | First Name | Middle Name | |
| Address: <i>Number</i> | | <i>Street</i> | <i>City</i> |
| | | <i>State</i> | <i>Zip Code</i> |
| Telephone Number(s) | | E-mail Address | Social Security Number |
| 1. | | | - - - |
| 2. | | | - - - |
| How did you learn about us? | | | |
| A Friend: _____ | | Advertisement: _____ | News Papers: _____ |
| Website: _____ | | Other: _____ | |

Best time to contact you is: _____ : _____ Am/Pm

| | | |
|--|---------|--------|
| If you are under 18 years of age, can you provide required proof of your eligibility to work? | Yes ___ | No ___ |
| Have you ever filed an application with us before? If yes, give date _____ | Yes ___ | No ___ |
| Have you ever been employed with us before? If yes, give date _____ | Yes ___ | No ___ |
| Do any of your friends or relatives, other than spouse, work here? If yes, state name and relationship _____ | Yes ___ | No ___ |
| Are you currently employed? | Yes ___ | No ___ |
| May we contact your present employer? | Yes ___ | No ___ |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment.)</i> | Yes ___ | No ___ |

Employment Information

| | | |
|--|-------------------------|------------------------------------|
| Position(s) Applied For | Date available for work | What is your desired salary range? |
| 1. _____ | / / | |
| 2. _____ | | |
| Part time ___ Full time ___ Either ___ | | |
| Days and times you are available to work: | | |
| Teaching physical skills to children, being a camp counselor or generally supervising children in a physical environment often requires quick movements or spotting or lifting heavy children, sometimes while you are in an awkward position. In our organization, teaching also requires moving and lifting heavy apparatus in order to configure the teaching space for safety. If you are applying for a job teaching or otherwise supervising children, please detail all present or past injuries or physical conditions which could jeopardize your own or the children's safety: | | |
| | | |
| <i>If applies to you, please sign.</i> Signature: _____ | | Date: / / |

Education

| School | <i>Circle number of years completed.</i> | <i>Did you graduate?</i> | <i>Course study, majors, or degrees</i> |
|---------------------------------|--|--------------------------|---|
| Name & Location of High School: | 1 2 3 4 | Yes No | |
| Name & Location of College: | 1 2 3 4 | Yes No | |
| Other | 1 2 3 4 | Yes No | |

Work Experience *(Start with your present or most recent job.)*

| | | | |
|----------------------------|---------------------------|----------------------------------|---------------------------------------|
| Employer | Date Employed | | Work Performed & Job Title |
| | From | To | |
| Address | Hourly Rate/Salary | | |
| | Starting | Ending | |
| Telephone Number(s) | () - | () - | |
| Supervisor | Reason for leaving | May We Contact? Yes No | |

| | | | |
|----------------------------|---------------------------|----------------------------------|---------------------------------------|
| Employer | Date Employed | | Work Performed & Job Title |
| | From | To | |
| Address | Hourly Rate/Salary | | |
| | Starting | Ending | |
| Telephone Number(s) | () - | () - | |
| Supervisor | Reason for leaving | May We Contact? Yes No | |

| | | | |
|----------------------------|---------------------------|----------------------------------|---------------------------------------|
| Employer | Date Employed | | Work Performed & Job Title |
| | From | To | |
| Address | Hourly Rate/Salary | | |
| | Starting | Ending | |
| Telephone Number(s) | () - | () - | |
| Supervisor | Reason for leaving | May We Contact? Yes No | |

References *(Non-relatives only. Completing this section in its entirety is important if we are to consider your employment.)*

| Name | Phone Number | Relationship & How long? |
|-------------|---------------------|-------------------------------------|
| | | |
| | | |
| | | |

Personal Qualities: *(Please be thorough. All information will be helpful.)*

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