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**.

Date of Application
/ /

Applicants Information

Last Name	**First Name**	**Middle Name**

Address: *Number* *Street* *City* *State* *Zip Code*

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? Yes____ No____
If yes, give date_____

Have you ever been employed with us before? Yes____ No____
If yes, give date_____

Do any of your friends or relatives, other than spouse, work here? Yes____ No____
If yes, state name and relationship_____

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? (*Proof of citizenship or immigration status will be required upon employment.)* 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:

If applies to you, please sign. **Signature:** **Date:** / /