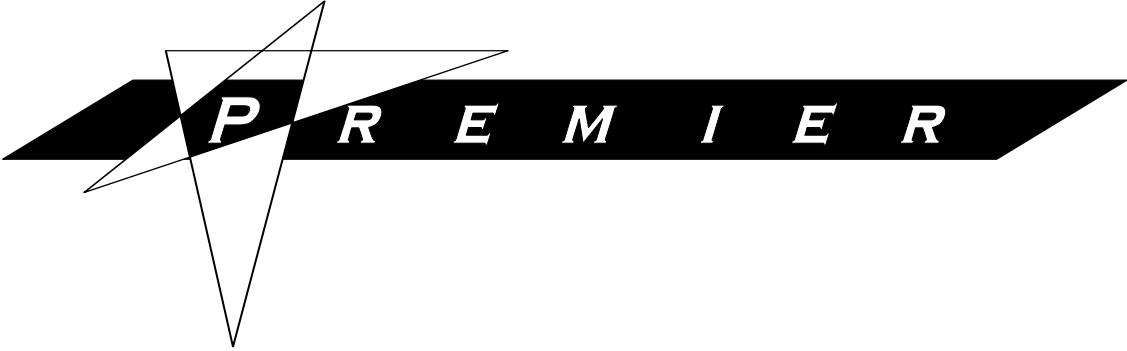


OFFICE USE ONLY			
DEPARTMENT	INITIALS	YES	NO
Recreational Gymnastics			
Recreational T&T			
Combo			
Martial Arts			
Team Gymnastics			
Team T&T			



## APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name	First	Middle	Date
	<hr/>			
	Street Address	Email		
	<hr/>			
	City, State, Zip	Home Telephone		
	<hr/>			
	Position Desired	Date available to start work		Cell Phone
	<hr/>			
	Which of the following are you available to work?			Are you legally eligible to work in the U.S.?
	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> 35 - 40 hrs. <input type="checkbox"/> 25 - 35 hrs. <input type="checkbox"/> 15 - 25 hrs. <input type="checkbox"/> less than 15 hrs.			<hr/>
What wage amount are you willing to accept?			Can you travel if needed?	
<hr/>			<hr/>	
hourly/annually				
How much would you like to be earning one year from your start date?				
<hr/>				

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	Number of Years Completed	Did You Graduate?	Degree or Diploma
	High School					
	College					
	Other					

**Describe any specialized training, skills and professional memberships that may pertain to this job position**  
 (i.e. gymnastics training, sign language, CPR, or safety certified, or USAG member)

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**Computer Skills**  
 List computer programs that you are familiar with.

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**Legal Information**

Have you ever been convicted of a crime?  Yes  No

Have you ever been subject to any court order involving sexual, physical, or verbal abuse?  Yes  No

Have you ever been declared liable for civil penalties or damages involving sexual, physical, or verbal abuse?  Yes  No

Have you ever resigned, been terminated, or asked to resign due to complaints of sexual, physical, or verbal abuse?  Yes  No

Do you have a conviction for the use and/or sale of an illegal substance?  Yes  No

**Please use a separate sheet of paper to explain each yes answer in detail. Answering YES to any of the above inquiries will not necessarily disqualify you from employment with Premier, but will require Premier to make further inquiries before you will be permitted to begin your activities.**

# EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record(s). Start with your present or most recent employer.

Premier Gymnastics, Inc. has my full consent to contact the businesses/people listed below for information on work experience/history.

Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>1</b>	Company Name _____	Telephone (____) _____
	Address _____	Employed (state month and year) _____
	Name of Supervisor _____	From: _____ To: _____ Hourly/Salary Rate
	State Job Title and Describe Your Work _____ _____	Starting _____ Final: _____ Reason for Leaving: _____

<b>2</b>	Company Name _____	Telephone (____) _____
	Address _____	Employed (state month and year) _____
	Name of Supervisor _____	From: _____ To: _____ Hourly/Salary Rate
	State Job Title and Describe Your Work _____ _____	Starting _____ Final: _____ Reason for Leaving: _____

<b>3</b>	Company Name _____	Telephone (____) _____
	Address _____	Employed (state month and year) _____
	Name of Supervisor _____	From: _____ To: _____ Hourly/Salary Rate
	State Job Title and Describe Your Work _____ _____	Starting _____ Final: _____ Reason for Leaving: _____

<b>4</b>	Company Name _____	Telephone (____) _____
	Address _____	Employed (state month and year) _____
	Name of Supervisor _____	From: _____ To: _____ Hourly/Salary Rate
	State Job Title and Describe Your Work _____ _____	Starting _____ Final: _____ Reason for Leaving: _____

REFERRED BY

If you were referred by a Premier employee, please write their first and last name:

\_\_\_\_\_
First and Last Name of Premier employee

SIGNATURE

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_
Date

\_\_\_\_\_
Signature

REFERENCES

Table with 3 columns: Employer, Person Contacted, Results. Rows 1-4.

OTHER COMMENTS

Four horizontal lines for additional comments.