



EMPLOYMENT APPLICATION (EQUAL OPPORTUNITY EMPLOYER)

Name: _____ (_____)
Last First Middle Date

Address: _____
Street City Zip

Phone: _____ Social Security #: _____

Cell Phone: _____ E-Mail: _____

Are you under 18? _____ If yes, do you have a work permit? _____
Do you have a legal right to work in the United States, including documentation? _____
Do you have a valid CA drivers license? _____ Reliable transportation? _____
Have you been convicted of a felony or a misdemeanor: _____ (Do not include marijuana or drug
paraphernalia misdemeanor
convictions that are more than 2 years
old)
In what city? _____

When? _____ Offense: _____

Do you have any past medical or physical problems that may impair or restrict your abilities or effort on the job if hired? _____

List: _____

JOB INTEREST

Position Desired: _____

Other positions for which you are qualified: _____

Part-time _____ Full time _____ Temporary _____ Regular _____

How many hours per week do you want to work? _____
Are you willing to work special events (Halloween sleepovers, Holiday camps, Weekend exhibitions, Easter egg hunts, Parades, Sunday events, etc) _____

If you competed as a gymnast, at what level? _____ Pay requested: _____

What (if any) coaching experience have you had? _____

Are you able to lift and move mats over 30-pounds _____ 40 pounds _____ 50 pounds _____

If employed in this position, would you be in a supervisory or subordinate role to a relative employed here? _____

EDUCATION AND TRAINING

Circle Highest Grade Completed: 6 7 8 9 10 11 12 13 14 15 16 16+

SCHOOL NAME	LOCATION	COURSE/DEGREE
High School		
College		
Technical/ Vocational		

Please list any other training or skills: _____

EMPLOYMENT

Dates	Name & Address-Employer	1. Job Title 2. Department 3. Supervisor	Describe Duties	Wages	Reason for Leaving
-----	-----	1. -----	-----	starting	
-----	-----	2. -----	-----	ending	
-----	-----	3. -----	-----		
-----	-----	1. -----	-----	Starting	
-----	-----	2. -----	-----	ending	
-----	-----	3. -----	-----		
-----	-----	1. -----	-----	Starting	
-----	-----	2. -----	-----	ending	
-----	-----	3. -----	-----		

PRE EMPLOYMENT STATEMENT

I authorize investigation of all statements in this application. I further understand that any misrepresentation or omission of facts may be cause for immediate discharge. I accept that employment is at the will of the employee and the employer and may be terminated at any time with or without cause.

Applicant's Signature

Date:

INTERVIEWER NAME AND COMMENTS:

