

ELMIRA GYMNASTICS CLUB EMPLOYMENT APPLICATION

PERSONAL INFORMATION		
FIRST NAME	LAST NAME	APPLICATION DATE
CURRENT ADDRESS		
HOME PHONE	SSN	BIRTH DATE
CELL PHONE	EMAIL ADDRESS	

DESIRED POSITION		
DESIRED POSITION	AVAILABLE START DATE	
ARE YOU CURRENTLY EMPLOYED?	MAY WE CONTACT YOUR PRESENT EMPLOYER?	CONTACT PERSON:
DO YOU INTEND TO CONTINUE IN YOUR CURRENT JOB IF YOU ARE HIRED?		

EMPLOYMENT HISTORY			
DATE: MONTH & YEAR MOST RECENT AT TOP	EMPLOYER NAME & ADDRESS	POSITION HELD	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

EDUCATIONAL BACKGROUND			
	SCHOOL NAME & LOCATION	DATES	DEGREE (IF APPLICABLE)
HIGH SCHOOL			
COLLEGE			

**ELMIRA GYMNASTICS CLUB ~ 828 ERIE STREET ~ ELMIRA NY 14904
607-733-0145 ~ WWW.ELMIRAGYMNASTICS.COM**

FULL TIME _____ PART TIME _____	EXPECTED # WEEKLY HOURS	EXPECTED PAY
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IF HIRED, DO YOU EXPECT TO CONTINUE EMPLOYMENT FOR AT LEAST ONE YEAR?
IF NO, PLEASE EXPLAIN

PLEASE LIST AVAILABLE HOURS

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

WHAT IS YOUR GYMNASTICS EXPERIENCE? PLEASE LIST MOST DIFFICULT SKILLS COMPLETED ON EACH EVENT IF APPLICABLE.

WHY DO YOU WANT TO WORK FOR OUR COMPANY?

WHAT CHARACTERISTICS WILL MAKE YOU A VALUABLE EMPLOYEE?

DO YOU HAVE EXPERIENCE WORKING WITH CHILDREN? PLEASE EXPLAIN

DO YOU HAVE ACTIVITIES THAT MAY CONFLICT WITH YOUR ABILITY TO WORK A SCHEDULED SHIFT (SPORT, SCHOOL, OTHER JOB, ETC?) PLEASE EXPLAIN.

HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT OR LAID OFF?
PLEASE EXPLAIN.

DO YOU HAVE YOUR OWN CAR? WHAT WILL YOUR TRANSPORTATION BE?

ARE YOU NOW, OR HAVE YOU EVER BEEN CERTIFIED IN: FIRST-AID _____, CPR _____
PLEASE LIST APPROXIMATE EXPIRATION DATE

REFERENCES

PLEASE LIST THREE PEOPLE **NOT** RELATED TO YOU FOR WHOM YOU HAVE WORKED

NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED