



Byers Gymnastics Center

AAK

Application for Employment

Date of Application

If possible, please submit a resume along with this application.

Personal Information

Last Name Middle Name First Name

Street Address City State Zip Code

Phone Are you 18 years old or over? If not, do you have a Work permit? Birth date (Optional)

Evening phone or pager/Cell Email Address

Have you ever used another name in your work? _____ If yes, what name _____

Position Desired

Position Desired Date Available

Full-Time Part-Time

Type of Employment

Advertisement Agency Employee Referral Other

What prompted your application to our company?

Yes No
Have you ever applied Here before If yes, give date.

Yes No
Can you, after employment, submit verification of your identity and legal right to work in the United States?

If you are not a citizen, what is your visa status?

Yes No
Have you ever been convicted of a felony?
(Do not include convictions that have been Sealed, expunged, or statutorily eradicated.)

Are you willing to submit to a random drug test? Yes No

Skills



- | | |
|---|--|
| <input type="checkbox"/> Parent Participation | <input type="checkbox"/> Birthday Parties |
| <input type="checkbox"/> Tot Gymnastics | <input type="checkbox"/> Off Premise |
| <input type="checkbox"/> Kindergym | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Girls Basic: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 | <input type="checkbox"/> Sleepovers |
| <input type="checkbox"/> Boys Basic: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Boys Team: Classes: _____ | <input type="checkbox"/> Girls Team: Levels: _____ |

If applicable to the position for which you are applying, indicate knowledge of the above skills.

*Explain other skills and/or list additional skills, aptitudes, or educational courses/degrees you have which you feel could qualify you for the type of work you seek with this company, include computer, office, management, etc.

Education and Training

	High School	College/University	College/University
Name:			
Location:			
Date Attended From:			
Date Attended To:			
Major:			
Degree:			
Date Of Degree:			

Check if Applicable

CPR Date of Expiration _____ First Aid Date of Expiration _____ PDP 1 PDP II Skill Evaluator
 Safety Certification Date of Expiration _____ KAT Athlete Wellness Course Other

-OTHER SEMINARS, COURSES, TRAINING

List other job related training, scholastic honors, and vocational and/or professional information.



Experience

BYERS
GYMNASTICS
CENTER

	Present or Most recent Employer	Previous Employer	Previous Employer
Company:			
Address:			
Supervisor's Name			
May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title			
Date Employed From:			
Date Employed To:			
Starting Salary:			
Ending Salary:			
Reason for Leaving:			
Telephone #			

References

	Reference 1	Reference 2	Reference 3
Name:			
Address:			
Phone:			
Relationship:			

Availability

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

If hired, when could you begin work? (Month/Day/Year) _____

Do you have reliable transportation to get to work? Yes No

How many hours do you want to work each week? _____

Pre-employee 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.

Signature of Applicant _____

Date _____