

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

<u>Gymnastics Application for Employment</u> [Pre-Employment Questionnaire] [An Equal Opportunity Employer]

			ГПЅ	ι <u></u>	Today's Date			
			C	ity				
Zip Code			_ Home Phor	ne	Cell #			
(print)								
l								
ow many hours per week do you desire?				Pay expected				
tart?	W	here dic	d you hear abo	out our open	positions?		·	
Cel Gymnas complete cri	tics to p minal h	oerforn istory.	n various bac	kground ch	ecks, including	g but not lim	ited to	
School Name &		Course of			No. of Years		Did You	
Location		Study			Completed Grac		Graduate	
	Tu	ec	Wed	Thur	Fri	Sat	Sun.	
IVIOII.	Tu	cs.	w cu.	Tilui.	111.	Sat.	Sun.	
	(print) rs per week detart? s a business Cel Gymnas complete crim	(print) rs per week do you destart? W s a business of child Cel Gymnastics to period to be complete criminal head of the control of the contr	cs per week do you desire? Where did sa business of children, I cel Gymnastics to perform complete criminal history. Tol Name & ocation	crs per week do you desire? ctart? Where did you hear about a business of children, I understand to Cel Gymnastics to perform various bactomplete criminal history. Course of Study crk:	(print)	rs per week do you desire? Fatart? Where did you hear about our open positions? s a business of children, I understand that by signing this applica Cel Gymnastics to perform various background checks, including complete criminal history. Date Ol Name & Course of No. of Year ocation Study Completed ork:	rs per week do you desire?	

4. Are you legally eligible to work in the United States? Yes No											
5. Check off areas you are currently certified in: USAG Safety First Aid Certified											
CPR Certified	KAT MELPD Presc	hool FUNdamentals									
6. Do you have your own car? If no, how will you get to work?											
8. Interests, activities, honors											
9. Our hours vary from week to week and occasionally you may be asked to stay late, leave early, or come in											
on your day off. Do you foresee any problems with this?											
FORMER EMPLOYERS	(List below last three employers, starting w	ith the most recent one fit	rst.)								
Date	Name and	the most recent one in	131.)	Reason for							
Month/Year	Address of Employer	Salary	Position	Leaving							
FROM											
TO											
FROM											
TO FROM											
TROM											
TO											
10. Are you currently employed? May we contact your current employer?											
11. Which of these jobs did you like best?											
Why?											
12. What did you like least?											
13. Why do you want to work for our company?											
14. What characteristics do you have that would make you a valuable employee?											
15. Do you have experience working with or around children?											
"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.											
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.											
I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."											
REALIZING THIS IS A BUSINESS OF CHILDREN, I UNDERSTAND THAT BY SIGNING THIS I AM ALLOWING X-CEL GYMNASTICS TO PERFORM VARIOUS BACKGROUND CHECKS.											
Date:	Signature										