



X-Cel Gymnastics is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

**Gymnastics Instructor Application for Employment**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Today's Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail address (print) \_\_\_\_\_

Position desired \_\_\_\_\_ USAG # \_\_\_\_\_

How many hours per week do you desire? \_\_\_\_\_ Pay Expected \_\_\_\_\_

When can you start? \_\_\_\_\_ Where did you hear about our open positions? \_\_\_\_\_

**Realizing this is a business of children, I understand that by signing this application, I am specifically authorizing X-Cel Gymnastics to perform various background checks, including but not limited to reviewing my complete criminal history.**

Signature X \_\_\_\_\_ Date \_\_\_\_\_

School Name & Location	Course of Study	No. of Years Completed	Did You Graduate

**FORMER EMPLOYERS** (List below last three employers, starting with the most recent one first.)

Date Month/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

**WORK AVAILABILITY**

	Mon.	Tues.	Wed	Thurs.	Fri.	Sat.	Sun.
8:30 - 3 p.m.							
3 -9:30 p.m.							

1. The safety of our students is a top priority. Teaching physical skills to children requires quick movements and spotting and lifting heavy children, sometimes while in awkward positions. Also, a necessary part of the job includes moving and adjusting gymnastics apparatus such as horses and parallel bars. Do you have any injuries or conditions which could limit your ability to safely perform the duties required for the position you applied for? If yes, please explain in detail:

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2. Have you ever been convicted of a crime, including sex-related or child-abuse related offenses?  
Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you ever been dismissed from employment or laid off? \_\_\_\_\_ Why? \_\_\_\_\_

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 \_\_\_\_\_ Preschool FUNDamentals \_\_\_\_\_

6. Do you have your own car? If no, how will you get to work? \_\_\_\_\_

7. Interests, activities, honors \_\_\_\_\_

8. 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? \_\_\_\_\_

9. Are you currently employed? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_

10. Which of these jobs did you like best? \_\_\_\_\_  
Why? \_\_\_\_\_

11. What did you like least? \_\_\_\_\_

12. Is it your intent to continue in your current job(s) if you work here? \_\_\_\_\_

13. Please account for any periods of unemployment during the past 3 years?  
\_\_\_\_\_

14. Why do you want to work for our company?  
\_\_\_\_\_

15. What characteristics do you have that would make you a valuable employee? \_\_\_\_\_  
\_\_\_\_\_

16. Do you have experience working with or around children? \_\_\_\_\_

17. Please describe how you would handle an irate parent: \_\_\_\_\_  
\_\_\_\_\_

18. Please describe what you would do with free time before a class begins or time in between classes:  
\_\_\_\_\_

19. Describe your greatest strength and weakness as a teacher: Strength: \_\_\_\_\_

Weakness: \_\_\_\_\_

"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 \_\_\_\_\_

### **Additional Information for Teachers**

Please detail your experience as a gymnast or cheerleader. Please start with your most recent training.

Where you trained?	For how long?	Dates of when you trained
1.		
2.		
3.		

### **References:**

Give the names of three people NOT related to you who you have worked for in the past.

<b>Name</b>	<b>Phone Number</b>	<b>Business</b>	<b>Years Acquainted</b>