

Metro Gymnastics Center Application For Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Personal Information

Date _____

Name _____

SS# _____

Present Address _____

(Street)

(City)

(State)

(Zip)

Permanent Address _____

(Street)

(City)

(State)

(Zip)

Phone # _____ email _____

Work # _____ Age 18 or older? Yes No

Employment Desired

Position _____ Date you can start _____ Salary Desired _____

Are you currently employed? _____ If so may we inquire of your current employer? _____

Gymnastics/Cheer Experience: If you indicated above that you are seeking a teaching or coaching position please complete this portion of the application.

Check off the areas that you are **current** with:

Safety Certified _____ KAT Certified _____ First Aid Certified _____

CPR Certified _____ Level 1 Accredited _____ Level 2 Accredited _____

Gymnastics/Cheer Employment (list below your last three employer's, starting with the most recent.)

| Date (mo/yr) | Name & address of employer | Supervisor | Position | Reason for leaving |
|--------------|----------------------------|------------|----------|--------------------|
| From | | | | |
| To | | Phone # | | |
| Date (mo/yr) | Name & address of employer | Supervisor | Position | Reason for leaving |
| From | | | | |
| To | | Phone # | | |
| Date (mo/yr) | Name & address of employer | Supervisor | Position | Reason for leaving |
| From | | | | |
| To | | Phone # | | |

Which of these positions did you like best?
Why?

Other Employment (list below your last two employers's, starting with the most recent)

| | | | | |
|--------------|----------------------------|------------|----------|--------------------|
| Date (mo/yr) | Name & address of employer | Supervisor | Position | Reason for leaving |
| From | | | | |
| To | | Phone # | | |
| Date (mo/yr) | Name & address of employer | Supervisor | Position | Reason for leaving |
| From | | | | |
| To | | Phone # | | |

References: In addition to the past employers listed above, please provide the names of two persons not related to you, whom you have known for at least one year.

| Name | Address | Phone | How known? | How long |
|------|---------|-------|------------|----------|
| | | | | |
| | | | | |

| Education | Name and location of school | # of years | Did you graduate? | Subjects studied |
|--------------------------|-----------------------------|------------|-------------------|------------------|
| High School | | | | |
| College | | | | |
| Graduate school | | | | |
| Trade or business school | | | | |

General:

Special skills _____

Interests, activities, honors _____

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected and, if I am employed, my employment may be terminated. I agree that all references and former employers may be contacted for a job reference. I also agree that any individual who has knowledge concerning my character or past job performance may be contacted for an employment reference even if I have not supplied their name on this application.

I give my permission for Metro Gymnastics Center, Inc. or those acting as the agents of Metro Gymnastics Center, Inc., to conduct back ground checks prior to or during the course of my employment including criminal and police back ground checks as well as credit histories. I understand and agree that all employees of Metro Gymnastics Center are at-will-employees. This means that employees can be dismissed at any time for any reason or for no reason. No one at Metro Gymnastics Center has the authority to promise any employee that he or she will be employed for any particular or indefinite period of time except the president and he may do so only in writing. I also agree that during the first eight weeks of employment all employees will be considered to be "in training", as we continue to check references and the information that you supplied to us during your application and interviewing. In addition, the eight-week training period will allow us to make sure that we have placed you correctly and give you an opportunity to learn about our program and receive additional training if needed.

Signature of Applicant

Date

Additional Information for Teachers and Coaches

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

| Where you trained? | For how long? | How far did you progress? |
|--------------------|---------------|---------------------------|
| 1 | | |
| 2 | | |
| 3 | | |

Please explain your experience as a gymnast or cheerleader teacher or coach. Provide details concerning the employment experience you listed on the first page of this application. What groups or levels did you work with, what were your duties, what did you accomplish?

1.

2.

3.

Describe in detail three drills or approaches that you would use with a group of 8 year olds who were having trouble mastering a cartwheel:

1.

2.

3.

You have a group of 4 year olds who are not paying attention. What do you do?

Describe your greatest strength and weakness as a teacher:

Strength:

Weakness:

For Office Use Only

Interview by _____ Date _____

On time for interview? _____ Neatness _____ Communication _____

General remarks:

Availability: Mon _____ Tues _____ Wed _____ Thurs _____
Fri _____ Sat _____ Sun _____

Start Date: _____ Applicant agrees to teach a full 8 or 16 weeks? _____

Scheduled for training: yes _____ no _____ Date: _____

If no, why not?

The applicant has been paid for one hour at the gym to read and study the Staff Handbook: _____

Training wage \$ _____ Starting wage \$ _____

Reference Check

| Date | Person contacted | Position | Employment confirmed | Issues? |
|------|------------------|----------|----------------------|---------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Please detail the interview on the interview form and include it with this application.

Training Record

| Date | Trained with | Levels taught | Summary of training |
|------|--------------|---------------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

If there are weaknesses or if additional training is required please detail: