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Application for Employment

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

Personal Information: Are you 18 years or older Yes _____ No _____ Date _____

Last Name: _____ First Name: _____ MI: _____ SS# _____

Address _____
(Street) (City) (State) (Zip)

Phone # _____ Email _____

Are you a Citizen of the United States? Y / N If not, can you produce "in writing" eligibility to work? Y/N

Do you speak any Foreign Languages? _____ Read: _____ Write: _____

US Armed Services: Y / N If so, what Rank? _____ Are you in the National Guard? Y / N

Employment Desired

Position _____ Date you can start _____ Salary Desired _____

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

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

Safe Sport Certified Y / N, if "yes" provide certificate of completion.

Heads Up Concussion Certified Y / N, if "yes" provide certificate of completion.

Safety Certified Y / N, if yes list expiration date: _____

CPR Certified Y / N, if yes list expiration date: _____

First Aid Certified Y / N, if yes list expiration date: _____



Previous Employment (list below your past employment 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 #		
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: Please list character references below that can be contacted.

Name	Address	Phone	Relationship	How long



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

Physical Record:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Y / N

If so, please describe: _____

In case of emergency please notify: _____ Phone: _____

General:

Special skills _____

Interests, activities, honors _____

Please Answer the Following Questions Completely:

“Yes” answers will not necessarily result in denial of employment. We will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist us in determining your eligibility and suitability for employment. Attach additional sheets if necessary.

1. This job requires the ability to do all of the following: lifting, pulling, pushing, climbing, jumping, catching and other physical movements. Are there any restrictions or limitations you have that we should know about?

Yes _____ No _____ Explanation: _____

2. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer “yes” even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “yes” you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.

Yes _____ No _____ Explanation: _____



3. Have you ever had a license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer “yes” you must provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.

Yes _____ No _____ Explanation: _____

4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer “yes” you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.

Yes _____ No _____ Explanation: _____

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

Witness

Date