



Employee Application 2024

Applicant Information

Name (Last, First):		
Date of Birth:	SSN:	Email:
Address:		
City:	State:	ZIP:
Phone:	Cell Phone:	Current Age:

Previous Experience

Employer:		
Employer Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP:
Position:	Duties:	

Employer:		
Employer Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP:
Position:	Duties:	

Emergency Contact

Name:			
Address:			
City:	State:	ZIP:	Phone:
Relationship:			

Background Information

We conduct background checks on all applicants.
 Employment is contingent on clear/green light background check, references, and meeting min. req. exp.
 Sign here: _____ agreement to hold harmless and consent for background check.

References

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Emergency Authorization/Liability Release

I authorize employees of Performance Athletics to make any medical treatment decisions for myself herein mentioned on this form, should I be unable to at time of medical need.

I fully understand that I will be participating in activities that may/will involve motion, height, speed and/or rotational skills. The inherent risk involved creates a possibility of serious injury. Never land on head, neck, or back as serious, catastrophic injury, even death could result. The risk can be reduced by strictly following Gym guidelines and rules at all times. For myself, and on behalf of the above gymnast, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risks. I agree not to hold LGCM, LLC doing business as "Performance Athletics", Leslie Breeze, or any instructors, agents, or employees of LGCM, LLC liable for any injuries, illnesses, or any other physical, emotional, or mental conditions that occurred before, during, or after training at Performance Athletics.

I, as an employee of Performance Athletics Gymnastics, will abide by the guidelines set by owner Leslie Breeze and managerial staff. I authorize Performance Athletics including subsidiary programs and representatives to take photographs of myself and use in print and electronic publications. I authorize the information on this application is true and correct.

Signature of Employee:	Date:
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