

NoCo Gymnastics Academy Application for Employment



Date: _____

Date Available to Work: _____

Name: _____

Phone #: _____

Address: _____

Position Applying For: _____

Email Address: _____

Compensation Desired: _____

Have you ever applied for employment with us? Yes / No

Are you legally eligible for employment in the U.S.? Yes / No

Education:

School Name & Location	Course of Study	Number of Years Completed	Did you graduate?

Job History: Please list the last four jobs you have held beginning with the most recent.

Dates Employed (Month/Year)	Name, Address, phone number of employer	Salary/ hourly wage	Position(s) held; job responsibilities	Reason for leaving
From: To:				
From: To:				
From: To:				
From: To:				

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Which of these jobs did you like best and what did you like most about that job?

Do you have any special training or skills: (languages, licenses, accreditations, etc.)

What classes or clinics have you attended that you feel will benefit your ability as an instructor? _____

Have you ever been convicted of ANY crime? Yes / No If "yes", describe in full:

Have you ever been dismissed from employment or laid off? Yes / No

Can you think of anything that might hinder you from performing your job duties?

Our hours vary from week to week. Occasionally you may be asked to stay late, leave early or come in on your day off. What problems do you foresee with this?

Please put an X in the boxes of time you will be available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30am-12:00p m						
3:30pm-8:00pm						

Write in times if the provided time blocks don't work. Saturdays are generally reserved for birthday parties and private lessons.

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Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status, or any condition prescribed by state or local law.

Authorization:

I authorize NoCo Gymnastics Academy LLC to obtain information about me from my former employers, schools and credit sources. I authorize my previous employers, schools that I have attended, and all credit sources to disclose to NoCo Gymnastics Academy LLC such information about me as NoCo Gymnastics Academy LLC may request. I release all parties from all liability for any damage that may result from furnishing the same to you.

Accuracy:

I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

At Will Employment:

I acknowledge that if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I understand that no representative of the company, other than the owner, has authority to change the terms of an at will employment and that any such change can occur only in a written employment contract.

Print Name: _____

Signature: _____ Date: _____