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Applicant's Name (Last) First Middle Initial		Social Security Number - -	
Mailing Address (Number) Street		Cell Telephone Number ()	
City State Zip Code		Hm/Wk Telephone Number ()	
Emergency Contact / Phone #		Email address:	
EDUCATION			
Name of School	Location of School	Degree or Course of Study	Date Completed
EMPLOYMENT HISTORY – Begin with your most recent job. List each job separately.			
Job Title	Dates Worked From	To	Pay \$ Per
Name of Employer		Name of Supervisor	
Address:			
City State Zip Code			
Telephone Number ()		Reason for Leaving:	
Duties Performed:			
Job Title	Dates Worked From	To	Pay \$ Per
Name of Employer		Name of Supervisor	
Address:			
City State Zip Code			
Telephone Number ()		Reason for Leaving:	
Duties Performed:			
Job Title	Dates Worked From	To	Pay \$ Per
Name of Employer		Name of Supervisor	
Address:			
City State Zip Code			
Telephone Number ()		Reason for Leaving:	
Duties Performed:			
PERSONAL REFERENCES: List the names of three references that employers may contact.			
1) Name	Telephone # ()	Relationship (Teacher etc.)	
Address:			
City State Zip Code			
2) Name	Telephone # ()	Relationship (Teacher etc.)	
Address:			
City State Zip Code			
3) Name	Telephone # ()	Relationship (Teacher etc.)	
Address:			
City State Zip Code			

A. Desired duties/experience: _____

What else should we know about you? _____

Are you willing to work at social/special events Ex: Birthday parties etc: YES/ NO

Availability: Start date: ____ / ____ / ____ Hours available: _____ (please circle)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
am / pm	am / pm	am / pm	am / pm	am / pm	am / pm

Desired Pay \$ _____/Hr

- B. In applying for position, the information which I have furnished in this section is subject to verification, which may include a criminal history check and request from any central registry of child abusers. I have signed, understand and fully agree to the Staff Employment Policies booklet.
- C. NP Gymnastics may terminate employment or volunteer services of any person:
Found to have a history of complaints of abuse of a minor and/ or found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid due to complaint(s) of sexual abuse of a minor.
- D. Privacy Policy: I am fully aware that any information I may obtain at NP Gymnastics, whether it be from the coaching information, office information, training information, etc, IS STRICTLY CONFIDENTIAL and cannot be shared in ANY way. I also will not listen to or spread gossip/rumors about the gym or the students.
- E. Please read the following paragraphs very carefully before signing this application. I certify that to the best of my knowledge and belief, the statements made by me in this application are correct and complete without omission of any kind. I understand that any false information I give when applying for employment, whether in this application or otherwise, will cause termination of my employment, regardless of when discovered. You are hereby authorized to investigate all the statements made in this application, except for any information about disability and medical conditions or treatments, which is prohibited by the Americans with Disabilities Act. I further agree that I do not have an employment contract and that my employment can be terminated or modified with or without notice or cause at any time by the company or me.

Applicant's Signature: _____ Date ____ / ____ / ____