



Application for Employment/Volunteering

Thank you for your interest in working or volunteering at LE CLUB GYMNASTICS. LE CLUB GYMNASTICS is committed to creating a safe and positive environment for all, and to ensuring that it promotes an environment free of misconduct. LE CLUB GYMNASTICS has a zero tolerance for any type of abuse and seeks only to employ or engage as volunteers those persons who share this commitment to the welfare of all gymnastics participants. Please answer each question fully and accurately. No action can be take on this application unless it is complete. Use blank papers if you do not have enough room on this application. PLEASE PRINT, except for signature on back of this application. PLEASE USE INK.

Personal Information

Last Name	Middle Name	First Name	Social Security Number	
Home Address		City	State	Zip Code
Home Phone #	Cell Phone #	yes / no Are you 18 yrs or older?	yes / no If not, do you have a work permit?	
Are you a US Citizen?	If you are not a citizen, what is your visa status?	yes / no Can you, after employment, submit verification of your identity and legal right to work in the United States?		

Position Desired

Position Applying For	Date Available
Full Time / Part Time / Temporary / Summer / Internship Circle all that apply	Mon/Tues/Weds/Thurs/Fri/Sat Days Available - Circle
\$ _____ per _____ Salary Requested	_____ Times Available
yes / no If yes, give the date. Have you ever applied here before?	_____ Have you ever been convicted of a felony?
_____ Have you ever been arrested before?	_____ Are you willing to be fingerprinted and have a background check?



Special Skills

<input type="checkbox"/>	Previous Gymnast	<input type="checkbox"/>	Graphics for flyers, banner, pamphlets
<input type="checkbox"/>	Gymnastics Coach	<input type="checkbox"/>	Excel
<input type="checkbox"/>	Windows	<input type="checkbox"/>	Word
<input type="checkbox"/>	Quicken	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Keyboarding	<input type="checkbox"/>	Other _____

Please indicate any additional skills or knowledge that you have that you feel will help you do the job for which you are applying _____

Education and Training

	High School	College / University	College / University
Name			
Location			
Date Attended From			
Date Attended To			
Major			
Degree			
Date of Degree			
Did you graduate?			

List other job related training, honors etc: _____

- Are you certified in First Aid? Yes / No
- Are you certified in CPR? Yes / No
- Are you a professional member of USAG Yes / No
- Are you safety certified? Yes / No



Job Experience

Account for all periods of time including military service and any periods of unemployment. List your most current employment first. If self-employed provide company name and supply business references.
 NOTE: Offered employment may be contingent upon acceptable references from current and former employers.

	Present or Most Recent	Previous Employer	Previous Employer
Company Name			
Company Address			
Phone Number			
May we contact?	Yes / No	Yes / No	Yes / No
Your Job Title			
Date Employed From			
Date Employed To			
Starting Pay			
Ending Pay			
Reason for Leaving			

References

	Reference 1	Reference 2	Reference 3
Name			
Address			
Phone Number			
Relationship			



Questionnaire

YOU MUST ANSWER ALL QUESTIONS IN THIS SECTION

Note: A conviction or pending charge will not automatically disqualify you from consideration. However, your failure to list a conviction, pending charge or guilty plea (except those protected by law from disclosure) will disqualify you from further consideration.

1. Have you ever been convicted under any criminal law; including any plea of "guilty", "no contest" or "deferred adjudication" (excluding minor traffic violations)? Yes/No

If yes, when, where, and what was the disposition?

2. Do you have charges or prosecutions that are pending? Yes/No
3. Have you ever been fired from a job, or asked to resign? Yes/No
4. Do you have any relatives currently employed by this organization? Yes/No
5. May we contact your present employer? Yes/No

If no, please explain: _____

6. For driving jobs only: Do you have a valid driver's license? Yes/No

License No _____ Class _____ State _____
Expires: _____

7. Are you CPR/First Aid Certified? Yes/No _____ Expires _____



Affidavit, Consent and Release

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING I certify that all information provided in this employment application is true and complete. I understand that any false information or omission (except omissions protected by law) may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. A copy of this Affidavit signed by me can be used as my authorization for release of information from my former employers, schools or persons named in this application. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand and, by my signature, consent to these statements.

Date: _____

Signature _____