



APPLICATION FOR EMPLOYMENT
World of Gymnastics and Cheer
104 Victoria North Court
Woodstock, GA 30189
(770)516-6898

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ Zip _____

CONTACT NUMBER: _____ EMAIL: _____

EDUCATION

COLLEGE _____ FROM: _____ TO: _____

MAJOR _____ DEGREE RECEIVED _____

HIGH SCHOOL _____ CITY _____ STATE _____

EMPLOYMENT HISTORY

NAME OF EMPLOYER _____

LOCATION OF EMPLOYMENT _____

STARTING DATE _____ LEAVING DATE _____ HOURLY PAY \$ _____

NUMBER OF HOURS WORKED PER WEEK _____ JOB TITLE _____

SUPERVISOR'S NAME _____ PHONE NUMBER _____

REASON FOR LEAVING _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, INCLUDING SEX-RELATED OR CHILD ABUSE OFFENSES? Yes / No

IF YES, EXPLAIN WHY _____

HOURS AVAILABLE (CIRCLE YES OR NO FOR DAYS AND TIMES AVAILABLE)

MON. Y OR N TIMES _____

TUES. Y OR N TIMES _____

WED. Y OR N TIMES _____

THUR. Y OR N TIMES _____

FRI. Y OR N TIMES _____

SAT. Y OR N TIMES _____

SUN. Y OR N TIMES _____

DESIRED POSITION _____

PAY DESIRED _____ PER HOUR NUMBER OF HOURS WANTED PER WEEK _____

GYMNASTICS / CHEER (CHECK OFF AREAS YOU ARE QUALIFIED IN TEACHING AND SPOTTING)

PRE-SCHOOL AGES 2 1/2 to 5 YRS. _____ YES _____ NO
GIRLS SCHOOL AGE CLASSES _____ YES _____ NO
BOYS CLASSES _____ YES _____ NO
TUMBLE AND CHEERLEADING CLASSES? _____ YES _____ NO
GYMNASTICS TEAM _____ YES _____ NO
CHEER TEAM _____ YES _____ NO
BIRTHDAY DAY _____ YES _____ NO
CAMP/ KIDS NIGHT OUT _____ YES _____ NO
FRONT OFFICE _____ YES _____ NO

LIST GYMNASTICS/CHEERLEADING TEACHING JOBS IN DATE ORDER:

1 _____ DATES _____
2 _____ DATES _____
3 _____ DATES _____

RELATED TRAINING AND BACKGROUND

AWARDS/HONORS/EXPERIENCE _____

DID YOU COMPETE IN HIGH SCHOOL, PRIVATE CLUB OR COLLEGE
IF YES: PLEASE EXPLAIN: _____

LIST ANY CERTIFICATIONS (EX. SAFETY, CPR, FIRST AID...)

PROFESSIONAL REFERENCES

NAME	ADDRESS	CONTACT INFORMATION
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

SPECIAL QUESTIONS

DO YOU HAVE ANY PHYSICAL LIMITATIONS? _____ YES _____ NO

LIST ANY SERIOUS INJURIES OR SURGERIES

I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding. That if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you all information concerning my previous employment.

Signature of Applicant

Date