

EMPLOYMENT APPLICATION

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PERSONAL INFORMATION

Applicant's First Name: _____ MI: _____ Last Name: _____

Gender: ☐ Male ☐ Female Birth Date (mm/dd/yy): ____/____/____ Age: _____ SSN: ____-____-____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____ Email: _____

Home Address: _____ City: _____ Zip: _____

How did you find out about us? _____

Person we should contact in case of an EMERGENCY:

Name: _____ Relationship: _____ Phone: (____) ____-____ Phone: (____) ____-____

Name: _____ Relationship: _____ Phone: (____) ____-____ Phone: (____) ____-____

GYMNASTICS BACKGROUND

Have you ever done gymnastics? ☐ N ☐ Y Where? _____

Have you competed as a gymnast? ☐ N ☐ Y What was your highest competitive level/ranking? _____

Have you ever coached gymnastics? ☐ N ☐ Y Where? _____

List what you have coached? ☐ Mommy & Me ☐ Pre-School ☐ Recreational ☐ Team ☐ Cheer ☐ Dance ☐ Camps ☐ Parties

What other activities have you coached? _____

Are you safety certified by USAG? ☐ N ☐ Y Expiration Date: _____ If no, were you ever certified? ☐ N ☐ Y What year? ____

Do you have a USAG Pro number? ☐ N ☐ Y USAG#: _____

Have you ever attended National Congress? ☐ N ☐ Y Where? _____

Have you ever attended any other seminars? ☐ N ☐ Y Where? _____

What were the topics of the seminars? _____

EMPLOYMENT DESIRED

Have you ever applied here before? ☐ N ☐ Y When? ____/____/____

Positions applied for: ☐ Office ☐ Pre-School Coach ☐ Rec Coach ☐ Team Coach

If other please specify: _____

☐ Part-time ☐ Full-time

Date you can start? ____/____/____

What salary are you expecting per hour? \$____ ☐ I **CANNOT** be flexible with my schedule.

Please list any special skills we should know about? _____

Availability

Days	From	To
<input type="checkbox"/> Mon		
<input type="checkbox"/> Tue		
<input type="checkbox"/> Wed		
<input type="checkbox"/> Thu		
<input type="checkbox"/> Fri		
<input type="checkbox"/> Sat		
<input type="checkbox"/> Sun		

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REFERENCES

Please give us the names of three persons not related to you, whom you have known for at least one year.

Name: _____ Relationship: _____ Years known: _____ Phone: (____) _____ - _____

Name: _____ Relationship: _____ Years known: _____ Phone: (____) _____ - _____

Name: _____ Relationship: _____ Years known: _____ Phone: (____) _____ - _____

EMPLOYMENT HISTORY

Are you currently employed? ☐ N ☐ Y

Start with your most recent employer.

Business Name: _____ Contact Person: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Job Description: _____

Date Started: _____ Date Ended: _____ Hours Worked Per Week: _____ ☐ Salary ☐ Hourly Amount: \$ _____

Reason for leaving: _____ ☐ I'm currently employed here, please **DO NOT** contact.

Business Name: _____ Contact Person: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Job Description: _____

Date Started: _____ Date Ended: _____ Hours Worked Per Week: _____ ☐ Salary ☐ Hourly Amount: \$ _____

Reason for leaving: _____ ☐ I'm currently employed here, please **DO NOT** contact.

Business Name: _____ Contact Person: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Job Description: _____

Date Started: _____ Date Ended: _____ Hours Worked Per Week: _____ ☐ Salary ☐ Hourly Amount: \$ _____

Reason for leaving: _____ ☐ I'm currently employed here, please **DO NOT** contact.

EDUCATIONAL INFORMATION

High School: _____ Location: _____ Graduated? ☐ N ☐ Y

College: _____ Location: _____ Graduated? ☐ N ☐ Y Major: _____

Graduate: _____ Location: _____ Graduated? ☐ N ☐ Y Major: _____

Other: _____ Location: _____ Graduated? ☐ N ☐ Y Major: _____

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PHYSICAL HEALTH RECORD

Have you ever been injured while working at your previous employments? ☐ N ☐ Y

Do you have any musculoskeletal or joint problems? ☐ N ☐ Y

If YES, please describe: _____

Have you ever had a claim against Worker's Compensation Insurance? ☐ N ☐ Y

Do you have any physical limitations that preclude you from performing any work for which you are being considered? ☐ N ☐ Y

If YES, please describe: _____

At Palm Beach Gymnastics, teaching gymnastics skills to children or generally supervising children in a physical environment sometimes requires quick or unexpected movements including lifting or catching ("spotting") children weighing up to 150 lbs., or more. Additionally, coaching positions also often require lifting and adjusting heavy gymnastics equipment, or if working in the office, lifting heavy boxes of up to 100 lbs.

"I am able to perform the physical requirements of the position(s) for which I applied without jeopardizing my safety or the safety of the athletes, clients, guests, co-workers or others. I have read and agree to the statements above."

Initial Here: _____

CRIMINAL BACKGROUND

Have you ever been convicted of anything other than traffic violations? ☐ N ☐ Y

If YES, please explain: _____

At Palm Beach Gymnastics, our number one concern is to provide a safe and happy environment for our athletes. Please know that Palm Beach Gymnastics performs background checks on all employees.

"I understand and agree that Palm Beach Gymnastics will administer background checks on me, and my initial and continued employment is conditional upon the results of these checks. I authorize these investigations and release Palm Beach Gymnastics and all parties from all liabilities for any damage that may result from these investigations. I have read and agree to the statements above."

Initial Here: _____

CERTIFICATION TO ACCURACY AND UNDERSTANDING OF TERMS IN APPLICATION

"I certify that the facts contained in this application or during the interview are true and complete to the best of my knowledge and understand that, if employed false, incomplete, misleading statements on this application or during interview shall be grounds for immediate dismissal. I have read and agree to the statement above."

Initial Here: _____

"I authorize investigation of all statements contained herein and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing same to you. I have read and agree to the statement above."

Initial Here: _____

"My signature below certifies to the fact that I have read and understood all the information presented to me under this application packet, and by applying I am in accordance with the policies and procedures as set forth in this application. I have read and agree to the statements above."

Initial Here: _____

PRINT NAME: _____ SIGNATURE: _____ DATE: _____