

Date \_\_\_\_\_

Application For Employment  
CG's Gymnastics

Name \_\_\_\_\_ SS Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ US Citizen \_\_ Yes \_\_ No

**Employment Desired**

Position \_\_\_\_\_ Date you can start work \_\_\_\_\_

Pay Desired \_\_\_\_\_ per hour – number of hours wanted per week \_\_\_\_\_

Hours Available: (circle yes or no for days and times available)

Monday	Y or N	Times: _____
Tuesday	Y or N	Times: _____
Wednesday	Y or N	Times: _____
Thursday	Y or N	Times: _____
Friday	Y or N	Times: _____
Saturday	Y or N	Times: _____
Sunday	Y or N	Times: _____

Have you done birthday parties before: \_\_\_\_ Yes \_\_\_\_ No

Are you available for any office hours: \_\_\_\_ Yes \_\_\_\_ No

Are you employed now: \_\_\_\_ Yes \_\_\_\_ No Where: \_\_\_\_\_

Part time or full time: \_\_\_\_\_ Number of hours worked each week \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of supervisor at this company \_\_\_\_\_ Phone No. \_\_\_\_\_

May we contact supervisor at this time: \_\_\_\_ Yes \_\_\_\_ No Rate of pay \$\_\_\_\_ per hour

**Education**

College \_\_\_\_\_ Location \_\_\_\_\_ Yr Grad \_\_\_\_\_

Major \_\_\_\_\_ Did you graduate \_\_\_\_\_ Degree \_\_\_\_\_

Number of years attended college \_\_\_\_\_ Do you plan on returning \_\_\_\_\_

Clubs or organizations you belonged to in college \_\_\_\_\_

Do you have teaching certificate \_\_\_\_ Yes \_\_\_\_ No

High school name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Yr Grad \_\_\_\_\_

**Gymnastics Training and Background**

Did you compete in college \_\_\_\_ Yes \_\_\_\_ No How many years \_\_\_\_\_

Gymnastics Scholarship  Yes  No How many years \_\_\_\_\_

College Coaches Names \_\_\_\_\_ Phone No \_\_\_\_\_

Awards/Honors/Achievements \_\_\_\_\_

Did you compete in high school  Yes  No How many years \_\_\_\_\_

High school coaches name \_\_\_\_\_

What level \_\_\_\_\_

High School awards/accomplishments: \_\_\_\_\_

USAG Competitive gymnast  Yes  No How many years \_\_\_\_\_

What Level(s) (List all levels and how you went . . . Ex: state, regionals, nationals, international)

List any gymnastics special training that you have had: (include dates)

Are you USAG "professional member"  Yes  No Expiration Date \_\_\_\_\_

USAG professional number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you USAG "safety certified"  Yes  No Expiration Date \_\_\_\_\_

Are you USAG "KAT certified"  Yes  No Expiration Date \_\_\_\_\_

Are you USAG "PDP certified"  Yes  No What levels \_\_\_\_\_

Are you "CPR certified"  Yes  No Expiration Date \_\_\_\_\_

Are you an USAG "certified judge"  Yes  No What levels \_\_\_\_\_

Are you a member of "USECA"  Yes  No How long \_\_\_\_\_

Are you "first aid" certified  Yes  No When \_\_\_\_\_

Are you USAG certified meet director  Yes  No Expiration Date \_\_\_\_\_

Are you an athletic trainer certified  Yes  No When \_\_\_\_\_

Other Certifications (PE teacher, Elementary Teacher, Secondary Teacher)  Yes  No

When \_\_\_\_\_



Location of present employer \_\_\_\_\_  
Starting date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Hourly pay \_\_\_\_\_  
Number of hours worked @ week \_\_\_\_\_ Job title \_\_\_\_\_  
Supervisor name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Name of *previous* employer \_\_\_\_\_  
Location of present employer \_\_\_\_\_  
Starting date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Hourly pay \_\_\_\_\_  
Number of hours worked @ week \_\_\_\_\_ Job title \_\_\_\_\_  
Supervisor name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Name of *previous* employer \_\_\_\_\_  
Location of present employer \_\_\_\_\_  
Starting date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Hourly pay \_\_\_\_\_  
Number of hours worked @ week \_\_\_\_\_ Job title \_\_\_\_\_  
Supervisor name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Professional References**

	Name	Address	Business	Yrs Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Special Questions**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Do you have any physical limitations \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Have you have any serious injuries \_\_\_\_\_  
List any serious injuries that you have had: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Any surgery \_\_\_\_\_ When \_\_\_\_\_ What for \_\_\_\_\_

What foreign languages can you speak \_\_\_\_\_

Do you have a car for transportation \_\_\_\_\_ Yours? \_\_\_\_\_

Driver license # \_\_\_\_\_ State \_\_\_\_\_

Who referred you to CG's gymnastics \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

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 the information concerning my previous employment.

I also agree and encourage a complete background check on myself if officers/administrators of CG's Gymnastics deemed it necessary. This investigation may include asking my current and any former employer and educational institutions I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I release, hold harmless and agree not to sue or file any claim of any kind against my current or former employer of educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by CG's Gymnastics to complete its background investigation.

If hired, I also agree to a drug screening prior to my employment. I also acknowledge that there may be random drug screening tests during my employment at CG's Gymnastics.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**I do hereby authorize you to release to CG's Gymnastics the above information concerning the following employment history, dates, title, hours, etc.**

Please attach a copy of your "driver's license". Please attach a copy of your resume to this application. This application must be filled out even if you have a resume.

CG's Gymnastics  
14550 Florida Blvd  
Baton Rouge, LA 70819  
Phone: 225-275-5597 Fax: 225-274-8718

**Appendix D**

“Yes” answers to the following 4 questions will not necessarily result in denial of employment. We will consider all the circumstances, including the date and nature of the events which has led to the actions described below. Your written explanation will assist us in determining your eligibility and suitable for employment. Attach additional sheets if necessary.

1. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer “yes” even if the matter was later dismissed, deferred, vacated, or expunged. If you answer “yes” you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).  
Yes \_\_\_\_ No \_\_\_\_ Explanation: \_\_\_\_\_
2. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer “yes” even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “yes” you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.  
Yes \_\_\_\_ No \_\_\_\_ Explanation: \_\_\_\_\_
3. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer “yes” you must provide the dates of the proceedings, name, address, and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.  
Yes \_\_\_\_ No \_\_\_\_ Explanation: \_\_\_\_\_
4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer “yes” you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you.  
Yes \_\_\_\_ No \_\_\_\_ Explanation: \_\_\_\_\_