



EMPLOYMENT APPLICATION

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT ALL INFORMATION)

TODAY'S DATE _____

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ M/F _____

SOCIAL SECURITY # _____ / _____ / _____ EMAIL: _____

Address: _____

City: _____ State: _____ Zip: _____

HOME PHONE: _____ CELL PHONE: _____

REFERRED BY: _____

POSITION DESIRED _____

DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU CURRENTLY EMPLOYED? YES No

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES No

HAVE YOU EVER APPLIED OR WORKED FOR NFGC BEFORE? YES, WHEN: _____ No

EDUCATION HISTORY

HIGH SCHOOL _____ YEARS ATTENDED _____

COLLEGE _____ YEARS ATTENDED _____

FORMER EMPLOYERS

MONTH/YEAR	NAME & ADDRESS	SALARY	POSITION	REASON FOR LEAVING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SPECIAL SKILLS

WHAT SPECIAL SKILLS, TALENTS OR TRAINING DO YOU BRING TO THIS POSITION?

CONTINUE ON OTHER SIDE

EXPERIENCE AND CERTIFICATIONS (PLEASE CIRCLE)

DO YOU HAVE ANY TEACHING EXPERIENCE? GYMNASTICS - CHEERLEADING - SCHOOL NONE

ARE YOU CPR CERTIFIED? YES, EXPIRES: _____ No

ARE YOU FIRST AID CERTIFIED? YES, EXPIRES: _____ No

ARE YOU USA GYMNASTICS SAFETY CERTIFIED? YES, EXPIRES: _____ No

ARE YOU USA GYMNASTICS PDP I CERTIFIED? YES No

ARE YOU USA GYMNASTICS KAT CERTIFIED? YES No

ARE YOU USA GYMNASTICS MELDP CERTIFIED? YES No

DO YOU HAVE ANY USASF COACHES CREDENTIALS? YES, LEVELS _____ No

ARE YOU A USA GYMNASTICS MEMBER? INSTRUCTOR# _____ PROFESSIONAL# _____

REFERENCES (PLEASE GIVE THREE)

NAME	PHONE	BUSINESS	YEARS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AVAILABILITY

PLEASE LIST THE TIMES YOU WOULD BE AVAILABLE TO WORK (MONDAY-SUNDAY)

MONDAY _____ TUESDAY _____ WEDNESDAY _____
 THURSDAY _____ FRIDAY _____ SATURDAY _____
 SUNDAY _____

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THE APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS 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 THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT OF ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____ SIGNATURE _____

*****OFFICE USE ONLY*****

INTERVIEWED BY: _____ DATE _____

NOTES _____

