

# Application for Employment www.OldPuebloGymnastics.com 520-628-4355

Today's Date:							
	Personal Information						
First and Last Nar	ne:						
Street Address: _							
City, State, Zip Co							
Home Phone: _							
E-Mail:							
Date of Birth (if u							
How did you hea	r about Old	Pueblo Gyn	nnastics Acade	my?			
		Emp	oloyment Info	ormation			
			•				
Number of Hours	Desired: Pa	art Time (less	than 20 hours)	Full Tim	ne (20 – 40 l	hours) Eitl	her
Salary or Hourly	Rate Desired:	:					
Select the type	of job assig	gnment(s)	you are inte	rested in:			
☐ Coaching Pre-	School Classe	?S		School Brea	ak Camp Co	oach	
□ Coaching Reco				Gym / Lobl	•		
Boys / Girls /		r / Parkour		Front Office			
☐ Coaching Team Girls / Boys / ¬		r / XCEL		Other:			
☐ Birthday Party		, , , , , ,					
Please indicate wi	th an "X" th	e davs of th	e week and blo	ocks of time v	vou are ava	ilable to wo	rk:
		,				1	T
8 a.m. – 12 p.m.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12 p.m 3 p.m.							
3 p.m 6 p.m.							
6 p.m. – 9 p.m.							
Describe any physical described and desc				ed regarding	your job p	lacement:	



# Education



	Name and Location	Major or Courses	Graduation	Degree or
		Studied	Date	Diploma?
High School				
College/ University				
Other (Vocational, Military, etc.)				

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# Employment History (Please attach another sheet, if necessary)



Present or Most Recent Employer:	Position Title:	Salary or Hourly Rate:
May we contact? Yes or No		
Supervisor's Name:	Brief Description of Duties:	
City/State:	Dates of Employment:	
Phone Number:	Reason for Leaving:	
2 114 12 15 1	D ''' T'''	
2nd Most Recent Employer:	Position Title:	Salary or Hourly Rate:
Supervisor's Name:	Brief Description of Duties:	
City/State:	Dates of Employment:	
Phone Number:	Reason for Leavi	
	ng:	



### **Employment Qualifications**



\*We will conduct a background check as part of the employment process. You must be able to pass this check in order to be qualified to work at our facility and work with kids.

Are you USA Gymnastics Safety Co	Certification is required for employ ertified? to and pass a controlled substance	Yes / No
Please elaborate on any other info (skills, licenses, special training, aw	ormation you feel may be helpful ir vards, extra curricular activities):	considering your application
	References	
Please list three references, <u>ex</u> already included on your app	kcluding relatives, personal frie	ends and former employers
Name	Relationship	Phone Number

#### Authorization



I certify that the facts contained in this application are true and to the best of my knowledge. Any false information will result in rejection of my application. If hired, falsehoods later discovered will result in my dismissal. I am aware that Old Pueblo Gymnastics Academy does not discriminate and adheres to all civil-rights laws.

I understand that my employment is under condition of a background check. I authorize Old Pueblo Gymnastics Academy to conduct a background check, including a review of my educational records and contacts with former employers.



Applicant's Signature:	Dat	e:
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