



EMPLOYMENT APPLICATION (EQUAL OPPORTUNITY EMPLOYER)

Name: _____
Last First Middle Date

Address: _____
Street City Zip

Phone: _____ Cell _____

Cell Phone: _____ E-Mail: _____

Are you under 18? _____ If yes, do you have a work permit? _____

Do you have a legal right to work in the United States, including documentation? _____

Do you have a valid CA drivers license? _____ Reliable transportation? _____

Have you been convicted of a felony or a misdemeanor: _____

In what city? _____ Conviction Date _____

Explanation: _____

Do you have any past or current medical and or physical problems that may impair or restrict your abilities to lift and move gymnastics mats over - 30-pounds - Y / N 40lbs - Y / N

Do you have any past or current medical and or physical problems that may impair or restrict your abilities to lift and spot children over 30-pounds - Y / N 40lbs - Y / N 50lbs - Y / N 60lbs - Y / N 70lbs - Y / N

List: _____

JOB INTEREST

Position Desired: _____

Other positions for which you are qualified: _____

Part-time _____ Full time _____ Temporary _____ Regular _____

How many hours per week do you want to work? _____ Pay requested: _____

Are you willing to work special events (Halloween sleepovers, Holiday camps, Weekend exhibitions, Easter egg hunts, Parades, Sunday events, etc) _____

What (if any) coaching experience have you had? _____

If employed in this position, would you be in a supervisory or subordinate role to a relative employed here? _____

