

APPLICATION FOR EMPLOYMENT - SANTA CRUZ GYMNASTICS CENTER, INC.

Qualified Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job related medical condition or handicap.

PERSONAL INFORMATION

Social Security Number	Application Date
Name (Last Name, First Name, Middle Initial)	Home Telephone # Cellular Telephone #
Present Address (Number & Street, City, State, Zip Code)	
Permanent Address (Number & Street, City, State, Zip Code)	

EMPLOYMENT DESIRED

Date You Can Start	Salary Desired
Position Applied For:	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have special skills experience or qualifications related to the position applied for?	Do you seek full or part-time employment? <input type="checkbox"/> Full <input type="checkbox"/> Part-Time
	Hours/Days Preferred:
	Do you have any physical limitations which would hinder your performance in the position you have applied for? (Please explain)

SPECIAL QUESTIONS

List previous teaching/coaching experience.(Please include length of time, supervisor's name and phone #.)

List any other experiences working with children, include any volunteer work.

SCGC has a Zero Tolerance Policy regarding Child Endangerment and Child Sexual Abuse.

List any gymnastics experience.

List any gymnastics competitive experience.

List any awards or honors achieved.

PREVIOUS EMPLOYMENT

Please explain any gap in your employment history listed below.

Please List Most Recent Employment First		Name, Address, Phone #	Position	Salary	Reason for Leaving
1	From: To:				
2	From: To:				
3	From: To:				
4	From: To:				

PLEASE TURN OVER →

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EDUCATIONAL HISTORY		Languages Spoken:	
Name and Location of School (List Most Recent First)	Years Attended	Date Graduated	Subjects Studied
PROFESSIONAL REFERENCES			
Name and Address	Telephone #		Position /Company
PERSONAL REFERENCES (Please list non-relatives whom you have known for at least one year.)			
Name and Address	Telephone #		Relationship/Years Known
ADDITIONAL INFORMATION (Please list any other information you would like us to know about yourself.)			

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. A copy of this Affidavit signed by me can be used as my authorization for release of information from my former employers, schools or persons named in this application.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand and, by my signature, consent to these statements.

Signature _____ Date _____