Santa Cruz Gymnastics Center
Application for Employment

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

Personal Information	
Name:	Application Date:
Phone Number	Email address:
Present Address (Number & Street, City, State, Zip Code):	
Permanent Address or Additional Mailing Address (If different from address listed above):	
Are you currently employed?	If employed, may we contact your present employer?
What position are you applying for?	Are you seeking full or part time employment?
What days or hours do you prefer?	What is your desired salary?
Do you have any physical limitations which would hinder your performance in the position you applied for? (Please explain):	

Special Questions
List any gymnastics experience:
List any other athletic involvement:
List any coaching experience:
List any experience working with children (if different from coaching experience):

Education

Name and Location of School	Years Attended	Graduation Date	Subjects Studied

Previous Employment

Name & Location of Place of Employment	Position	Salary	Dates Held	Reason for Leaving

References

Name	Relationship/ Years Known	Phone	Email

Affidavit, Consent & Release

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 of all statements contained in this application, including the contacting of my provided references. 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 and can used as my authorization for release of information from my former employers, schools or persons named in this application. 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 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:**