



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Application for Employment

Last Name _____ First Name _____ Date _____

Street Address _____ Home Phone _____

Cell Phone _____ E-mail Address _____

City _____ State _____ Zip Code _____

How did you learn about us? _____

What kind of position are you applying for? Girls Rec Classes _____ Boys Rec Classes _____

Preschool Classes _____ Tumbling & Trampoline _____ Cheer _____ Team _____

How many hours do you expect to work each week? _____

Expected Pay _____ Will you work overtime, if asked? Yes _____ No _____

Do you expect to work here for at least one year? _____ If no, please explain. _____

School Name & Location	Number of Years Completed	Did You Graduate?

Available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

1. Do you have any injuries or conditions that will prevent you from doing any aspect of the position applied for? _____
2. Have you ever been convicted of a crime? _____
3. Have you ever been dismissed from employment or laid off? _____
If so, why? _____
4. Do you have your own car? _____ What will your transportation be? _____
5. Interests, activities, or hobbies you might have _____
6. Do you have any activity that might conflict with your ability to report to work as scheduled (such as a sport, school, another job, etc.)? If so, please explain. _____

7. Our hours vary from week to week and occasionally you may be asked to stay late, leave early, or come in on your day off. Do you foresee any problems with this? _____
8. Are you legally eligible to work in the United States? Yes _____ No _____
9. Are you now, or have you ever been: Safety Certified _____ CPR Certified _____
if so, please list the approximate date of certification or any other training _____

FORMER EMPLOYERS (List Below Last Three Employers, Starting with Last One First.)

Date Month/Year	Name and Address Of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				

Are you currently employed? _____ If so, may we contact your current employer? _____

Is it your intent to continue in your current job (s) if you work here? _____

Which of these jobs did you enjoy the most? _____

What did you enjoy about this job? _____

What job did you enjoy the least? _____ Why: _____

Why do you want to work for our company? _____

What characteristics do you have that would make you a valuable employee to have? _____

Do you have any experience working with or around children? Please explain. _____

REFERENCES: Give the names of three people **NOT** related to you who you have worked for in the past.

Name	Phone Number	Business	Years Acquainted

Please describe how you would handle an irate parent.

- 1.
- 2.
- 3.

It is a slow day and there is time before more classes begin to come in. What do you do with your free time?

- 1.
- 2.
- 3.

List the hardest skills you can spot or train on the following equipment:

Bars _____

Beam _____

Rings _____

Trampoline _____

Tumbling _____

Vault _____

“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 THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.”

SIGNATURE _____

DATE _____

Please mail application to : Scamps Gymnastics
5711 77th Street
Kenosha, WI 53142

Or fax to: 262-694-2137

Or email to: scampsgymnastics@aol.com