



CHAMPION GYMNASTICS AND CHEER

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

619.449.7717

cgcchamps@gmail.com

Please Answer All Questions Completely

PERSONAL DATA

Name: _____ Date: _____

Address: _____

Mobile: _____ Email: _____

Driver's License Number: _____ Date of Birth: _____

By Providing Driver's License Number and Date of Birth you Consent to a Background Check.

GENERAL

Availability: _____ Part-Time _____ Full-Time _____ Camps

GYMNASTICS PROGRAMS - COACHING:

PreSchool

Recreation - Boys

Recreation - Girls

Xcel - Girls

Boys Team - L4-10

Girls Team - L2-5

Girls Team - L6-10

Tumbling

Cheer

Available Start Date: _____ Desired Hourly Rate _____

Are You Currently Employed? _____ Yes _____ No

Have You Ever Been Convicted of a Crime? _____ Yes _____ No

If Yes, Please Explain: _____

Have You Ever Been Convicted of a Sexual Misconduct? _____ Yes _____ No

If Yes, Please Explain: _____

Are you Willing to Apply for a Background Check at No Charge? _____ Yes _____ No

EMPLOYMENT INFORMATION

Please note that your employment is hourly and based on student enrollment.

Initial _____

If you are hired, be aware that you are on a 90-day probationary period and can be released at any time during the 90 days.

Initial _____

I am aware that this job requires the following:

_____ An outgoing, child friendly personality

Initial _____

_____ A physical ability to lift a child of at least 60 pounds

Initial _____

_____ A physical ability to help children understand the correct positions for each of the gymnastics apparatus: Vault, Bars, Beam, Floor, Trampoline, Tumbling

Initial _____

Are you aware that most of our hours are after school? _____ Yes _____ No

Any reason you could not get to your job if you were hired? _____ Yes _____ No

If Yes, Please Explain: _____

EMPLOYMENT HISTORY (List last 2 employers)

Current/Last Employer: _____ Employment Dates: _____

Address: _____

Name/Title of Your Supervisor: _____ Phone #: _____

Position Description/Duties Performed: _____

Reason for Leaving: _____

What Did You Like Most About This Job: _____

What Did You Like Least About This Job: _____

Current/Last Employer: _____ Employment Dates: _____

Address: _____

Name/Title of Your Supervisor: _____ Phone #: _____

Position Description/Duties Performed: _____

Reason for Leaving: _____

What Did You Like Most About This Job: _____

What Did You Like Least About This Job: _____

SPECIAL SKILLS: (Special licenses, permits, certifications - CPR, First Aid, Concussion Training, etc)

TYPE	LEVEL	EXPIRATION DATE
_____	_____	_____
_____	_____	_____

Summarize any gymnastics abilities you have: _____

Summarize any other abilities you might have specific to the job you have applied for: _____

REFERENCES (All References Will Be Called)

Name	Relationship to You	Phone #
_____	_____	_____
_____	_____	_____

EDUCATION & TRAINING

School	Type Degree	Major Subject	Dates
_____	_____	_____	_____
_____	_____	_____	_____

Authorization. I authorize Champion Gymnastics & Cheer to obtain information about me from my former employers, schools and reference sources. I authorize my previous employers, schools that I have attended, and all references to disclose to Champion Gymnastics & Cheer such information about me as they may request. I release all parties from all liability for any damage that may result from furnishing the same to you.

_____ Signature

Accuracy. I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

_____ Signature

At Will Employment. I acknowledge that if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I understand that no representative of the company, other than the CEO or CFO, has the authority to change the terms of an at will employment and that any such change can occur only in written employment contract.

_____ Signature