



**EMPLOYMENT:** List below last two employers, starting with last or current one first

Current or last employer: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street address: \_\_\_\_\_ Salary: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

List major duties performed in this position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any supervisory experience? Yes  No  If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact your employer while we are considering your application? Yes  No



Current or last employer: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street address: \_\_\_\_\_ Salary: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

List major duties performed in this position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any supervisory experience? Yes  No  If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact your employer while we are considering your application? Yes  No

**PERSONAL OR OTHER REFERENCES:**

Name:	Phone:	Years known:

**ADDITIONAL WORK HISTORY:**

List all other organizations or employers (not listed on pg 2) where you have experience working with children.

Name of employee/organization: \_\_\_\_\_

Length of employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Reference name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Briefly describe your responsibilities: \_\_\_\_\_

\_\_\_\_\_

\*Attach resume if you have more information on other references

**SUPPLEMENT TO APPLICATION:**

Describe non-employment activities you have been engaged in that might strengthen your application.

\_\_\_\_\_

\_\_\_\_\_

List any sports or hobbies you have participated in (past or present): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education & Training:**

College/University or Technical School (circle one) Graduate: Yes  No

Type of Degree/Certification or Diploma: \_\_\_\_\_

Major Subject studied: \_\_\_\_\_

Name of School, City & State: \_\_\_\_\_

**Education & Training Continued:**

College/University or Technical School (circle one) Graduate: Yes  No

Type of Degree/Certification or Diploma: \_\_\_\_\_

Major Subject studied: \_\_\_\_\_

Name of School, City & State: \_\_\_\_\_

**SPECIAL SKILLS:**

List all current special licenses (es), permits certifications and level or credited hours. (CPR, First Aid, lifeguard, etc.)

Type:	Level:	Expiration Date:

**AUTHORIZATION:**

"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 and employers listed above to give you and all any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I also give my permission for Capital Gymnastics, Inc, to do a criminal background check as per the rules and regulations with the Department of State Health Services."

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_