

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: _____

