



www.southlakegymnastics.com

280 Commerce St.
Southlake, TX 76092

Applicant Information:

Name: _____

Date: _____

Address: _____

Phone: _____

Cell Phone: _____

D.L.#: _____

S.S.#: _____

Are You 18 Years or Older? Yes No

Have You Graduated From High School Or Obtained Your G.E.D.? Yes No

Emergency Contact: _____

Relationship: _____

Phone: _____

Referred By: _____

Employment Desired

Position: _____

Date Available.: _____

Are You Currently Employed? Yes No

If Yes, May We Contact Your Employer? Yes No

Can You, At The Time Of Employment, Submit Verification Of Your Legal Right To Work In
The United States? Yes No

Employment Sought: Full Time Part Time Substitute Only

Days & Hours You Can Work:

MON: _____ TUE: _____ WED: _____

THUR: _____ FRI: _____ SAT: _____

Education:

School Attended Dates Attended Graduate/Major

References:

Name Relation Phone

Employment History:

Employer's Name: _____

Dates Employed: _____ to _____

Address: _____

Phone: _____

Supervisor: _____

Position: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Employer's Name: _____

Dates Employed: _____ to _____

Address: _____

Phone: _____

Supervisor: _____

Position: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Employer's Name: _____

Dates Employed: _____ to _____

Address: _____

Phone: _____

Supervisor: _____

Position: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Please list any course work, hobbies, or interests that would relate to the position you are applying for:

Are there any physical or personal limitations on the type of work you can do with children, while teaching gymnastics that affect the amount of time you can spend at work? YES NO

Have you ever received a felony conviction, or deferred adjudication, or misdemeanor conviction for a crime of moral turpitude? YES NO

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies, manual, rules, and regulations of the employer.

Signature: _____

Date: _____