

**MR. TODD'S GYMNASTICS
APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION

DATE: _____

NAME: _____ SS#: _____ E-MAIL: _____
 LAST FIRST MIDDLE

PRESENT ADDRESS: _____
 STREET CITY STATE ZIP

PHONE #: _____ DATE OF BIRTH: _____ ARE YOU A U.S. CITIZEN? _____

EMPLOYMENT DESIRED:

POSITION: _____ DATE YOU CAN START: _____
(OFFICE, GYMNASTICS COACH, ASISTANT, BIRTHDAY PERSONNEL)

ARE YOU EMPLOYED NOW? _____

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

WERE YOU REFERRED BY ANYONE? _____ IF "YES" BY WHOM? _____

EDUCATION

HIGH SCHOOL: _____ COLLEGE: _____ YRS. _____

SPECIAL SKILLS, HOBBIES, GYMNASTICS TRAINING:

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY? _____

IF "YES" EXPLAIN: _____

WOULD YOU BE WILLING TO TAKE A DRUG TEST: _____

DO YOU SUFFER FROM ANY CURRENT OR PRE-EXISTING MEDICAL PROBLEM? _____

IF "YES" EXPLAIN: _____

EMPLOYMENT EXPERIENCE

EMPLOYER: _____
 NAME PHONE NO. JOB TITLE

DATES EMPLOYED: FROM _____ TO _____ SUPERVISOR _____

REASON FOR LEAVING? _____

OTHER REFERENCES:

*I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE: _____

*IF YOU HAVE A RESUME, PLEASE SUBMIT IT