Woodland Gymnastics Inc.

Application for Employment

Woodland Gymnastics, Inc. is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, veteran status, political belief, disability that does not prohibit performance of essential job functions with or without accommodation, or any other basis protected by applicable law.

I. Personal Information

Name:		
(Last)	(First)	(Middle)
Current Address:	(6):)	(S)
(Street)	• • • • • • • • • • • • • • • • • • • •	(State)
Mailing Address (If different from c	current address):	
(Street)	(City)	(State)
(50,000)	(city)	(State)
Email Address:		
Home Phone:	Cell Phone:	
Drivers License Number (If applicab	ble):	
Position Applied For: Coach or Off	fice	
r comon rippineur en recent en en		
Have you ever applied to or worked	d for Woodland Gymnastics, Inc. before?	Yes or No
If yes, when?		
ij yes, when:		
Do you have any friends or relative	es that have worked or are currently working for	Yes or No
Woodland Gymnastics, Inc.	?	
If hired can you present evidence	of your U.S. citizenship or proof of your legal righ	nt Ves or No
, ,		10 103 01 110
to live and work in the coun	ntry?	
Are you able to perform the essent	tial functions of the job for which you are applyir	ng, Yes or No
either with or without reaso	onable accommodation?	
If no, describe the functions	s that cannot be performed:	

If yes, state nature of the crime(s), when and where conviction and disposition of the case:

II. Work Availability

If your application receives favorable consideration, when will you be available <u>Date:</u> to begin work?

III. Educational History

List below the name and location of the school, the number of years completed, and the degree or diploma received. Please list any certifications you have as well.

High School:

6			
(Name)	(Location)	(Years)	(Diploma)
College:			
(Name)	(Location)	(Years)	(Degree)
Credential:			
(Type)		(Expiration [Date)
Certifications:			
(Type)		(Expiration [Date)

^{*}No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

^{**}Please fill out the schedule availability sheet attached with any conflicts you may have in the immediate future (Ex: school, other job, etc.). **

IV. Employment Record

List below past and all present employment. Please start with your most recent employer (last five years) and account for all periods of unemployment. You must complete this section, even if attaching a resume.

Company name 1:	Position:	Dates Held:
Address:		
(Street)	(City)	(State)
Telephone Number:	Salary:	
Manager/Supervisor Name:		Title:
May we contact this employer for a	reference?	Yes or No
Reason for leaving:		
Company name 2:	Position:	Dates Held:
Address:		
(Street)	(City)	(State)
Telephone Number:	Salary:	
Manager/Supervisor Name:		Title:
May we contact this employer for a	reference?	Yes or No
Reason for leaving:		
Company name 3:	Position:	Dates Held:
Address:		
(Street)	(City)	(State)
Telephone Number:	Salary:	
Manager/Supervisor Name:		Title:
May we contact this employer for a	reference?	Yes or No
Reason for leaving:		

IV. References

List three people not related to you who have knowledge of your work performance during the last three years. Be sure to only list references that you are comfortable with Woodland Gymnastics contacting.

1.			
(Name)	(Relation)	(Years Known)	(Telephone Number)
2.			
(Name)	(Relation)	(Years Known)	(Telephone Number)
3.			
(Name)	(Relation)	(Years Known)	(Telephone Number)

Thank you for your interest in Woodland Gymnastics, Inc.. Please provide us with a little more information about yourself so we can get to know you better.

In what areas do you have expertise, experience, or talent? (check all that apply)

\sim	N /1	LIC	-
0	171	usi	ı

- Physical Education
- Ballet/Dance
- Coaching (any kind)
- Preschool
- Daycare/ Day camps
- After school programs
- Competitive Gymnastics (specify what level)

- Cheer (competitive and non competitive)
- Tumbling (competitive and recreational)
- Design Proficiency with standard computer programs (Word, Excel)
- o Other:

Why do you enjoy working with children?
What is your greatest strength in working with children?

What is your weakest ability working with children?
What is your weakest ability working with children:
Do you prefer working with preschool age or grade school age children?
Why would you like to work at Woodland Cymnastics Inc. 2
Why would you like to work at Woodland Gymnastics, Inc.?

Please Read Carefully

Initial and sign below:

Applicant's signature:	Date:
Applicant's name:	
My signature below certifies that I have read, understand, and agree to the for knowledge and belief, the information on the application form is true and corr	
I understand that nothing contained in the application, or conveyed during granted, or during my employment, if hired, is intended to create an employmedy Gymnastics, Inc. and me. In addition, I understand and agree that if I am employed definite or determinable period and may be terminated at any time, with or we either myself or Woodland Gymnastics, Inc., and that no promises or represen binding on Woodland Gymnastics, Inc., unless made in writing. I understand the understandings and agreements between me and Woodland Gymnastics, Inc. employment, if any, by Woodland Gymnastics, Inc. and supersedes all prior an oral or written agreements, understandings, statements, representations and between me and Woodland Gymnastics, Inc I understand and agree that, excise either an agent or employee of Woodland Gymnastics, Inc. may modify, delease or in writing, the terms and conditions of employment set forth herein.	ent contract between Woodland eployed, my employment is for no ithout prior notice, at the option of tations contrary to the foregoing are not this application contains all the concerning the nature of d/or contemporaneous practices, promises, express or implied, ept as noted above, no person who
This application is only valid for the position applied for and Woodland Gyretain or consider this application for future openings. If I am offered employmemployment, be require to submit proof of my identity and legal right to work employment, I will, as a condition of employment, furnish proof that I am over possess a current and valid California driver's license and be insurable if my job of my work. I understand that Woodland Gymnastics, Inc. may require me to sanytime during my employment, to the extent permitted by law. I understand reserves the right to require me to submit to drug and alcohol screens and/or during my employment, to the extent permitted by law. I agree that, if I am off to conform to the rules and regulations of Woodland Gymnastics, Inc. I unders employed by Woodland Gymnastics, Inc., storage areas provided for me (locked investigation by Woodland Gymnastics, Inc. without prior notice to me.	nent, I will, as a condition of in the U.S If I am offered 15 years of age. I will be required to b requires me to drive in the course ubmit to a physical examination at that Woodland Gymnastics, Inc. testing prior to employment and fered employment, I will be required stand and expressively agree that if
knowingly withheld any information that might adversely affect my chances for on the application is correct and complete to the best of my knowledge. I furth completed the application. I authorize investigation of all statements containe Woodland Gymnastics, Inc. to secure information about my experience with for institutions and agenciesm and for those parties to provide information concerparties from any liability arising there from. I understand that falsification, mis facts called for, regardless of when discovered to be false, may result in immediate removal of my application from consideration or withdrawal of an offer of empression.	ner certify that I have personally d in this application and authorize rmer employers, educational rning my experience, releasing all representation or any omission of diate termination from employment,