



# Jump! Gymnastics

## APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

(ANSWER ALL QUESTIONS COMPLETELY)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City ST Zip

Are you 18 years of age, or over? Yes ☐ No ☐ Do you consent to a background check? Yes ☐ No ☐

Telephone: (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Applying for position as: Front Desk Receptionist

Part time ☒ Seasonal ☐ Training for Director Position ☐ Acceptable Salary Range: \_\_\_\_\_

Are you currently employed? Yes ☐ No ☐ Available Start Date: \_\_\_\_\_

Fill out your availability of days and times:

|    | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----|--------|---------|-----------|----------|--------|----------|
| AM |        |         |           |          |        |          |
| PM |        |         |           |          |        |          |

Total number of hours requested: \_\_\_\_\_

Will your availability change throughout the year? Yes ☐ No ☐

How were you referred to Jump! Gymnastics? Employee ☐ Advertisement ☐ Other ☐

Name referral source indicated: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes ☐ No ☐

If yes, give the circumstances \_\_\_\_\_

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

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

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

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

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 ☐

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

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

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

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

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 ☐

| Name: | Phone: | Years known: |
|-------|--------|--------------|
|       |        |              |
|       |        |              |
|       |        |              |

List all other organizations or employers (not listed on pg 2) where you have experience working in an office.

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School/College/University or Technical School (circle one) Graduate: Yes ☐ Year \_\_\_\_\_ No ☐

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

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

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

College/University or Technical School (circle one) Graduate: Yes ☐ Year \_\_\_\_\_ No ☐

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

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

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

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

| Type: | Level: | Expiration Date: |
|-------|--------|------------------|
|       |        |                  |
|       |        |                  |
|       |        |                  |

### Exercise #1: Creating a Sales Pitch

A customer calls and asks about Jump!'s Birthday Parties. Using Jump!'s website at [www.jumpgymnastics.com](http://www.jumpgymnastics.com), write a short sales pitch that you would recite to the customer below.

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### Exercise #2: Responding to Emails

Respond to the following email using the information below:

**Jump! Gymnastics Drop Policy:** Notice of drops or cancellations must be submitted in writing to 2919 Manchaca Rd. #205, Austin, Texas 78704 or to [info@jumpgymnastics.com](mailto:info@jumpgymnastics.com) by the 25th of the month proceeding the month of the drop or cancellation.

Date Sent: 2/28/2012

Dear Jump! Gymnastics,

Although we are very happy with your program, the drive has unfortunately created too much of a hassle in our Wednesday schedule and we will no longer be able to attend gymnastics in March. Please consider this our notice and do not bill us for March.

Sincerely,  
Joanna Smith

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### Exercise #3: Billing

Often times we have students enroll in gymnastics classes in the middle of the month, so we pro-rate their tuition. To prorate their tuition, we add the total number of classes offered that month on the day that they are signing up for (students attend 1x per week), divide it by the tuition amount, and then multiply it by the number of classes left in the month for them to attend. Using the following information, how much would the following parent pay for her child's gymnastics class this month?

Gymnastics Tuition = \$75 per month.  
Class Day = Tuesdays  
Registration Date Friday, March 16  
Date of First Class = Tuesday, March 20



Payment Amount for March = \_\_\_\_\_

#### 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 Jump! Gymnastics to do a criminal background check as per the rules and regulations with the Department of State Health Services."

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

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