



2111 N. Maize Rd. Wichita, KS. 67212 (316)-721-2230

Job Application Form

Date: _____

Please circle which department you are applying with:

Acrobatic Academy Basic Beginnings Preschool Fit Physique Kid Sit

Position you're applying for: _____

First/Middle/Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Number: _____ Cell Phone: _____

Date you can start: _____ Desired Salary: _____

Have you ever applied or worked with our company? Yes No

If so, what was your reason for leaving? _____

Who referred you to this company? _____

Are you currently employed Yes No

May we contact your present employer Yes No

Are you 18 years or older? Yes No

You are available to work: Full Time Part Time

Have you ever been convicted of a crime with-in the last 7 years (In state or out of state)? Yes No

If yes, please explain: _____

Education

School Level	Name and Location Of School	# of Years Attended	Did you Graduate?	Level Completed
Elementary School				
High School				
College				
Trade, Business or Correspondence School				

Professional or other qualifications, apprenticeships, memberships of professional organizations:

Other training you have undertaken which you consider relevant (In-services, CPR, First Aid, etc will apply)

General

Subjects of special study or research work:

Special Training:

Special Skills:

Work Experience

List your previous experience beginning with your most recent position (Please include all fields.)

Employer	Starting Position	Starting Salary
Street Address City State Zip	Last Position	Last Salary
Phone Supervisor Title	Duties	
Reason for Leaving	Dates of Employment	Start End

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Additional Employment History

Have you ever been dismissed or forced to resign from any employment?

Yes No If yes, please explain: _____

Career Objective

Why are you interested in working for our Company and what are your career objectives?

What are some things you didn't like about jobs you've had? _____

Personal References:

Name: _____ Company: _____
Address: _____ City: _____ State: _____
Phone Number: _____

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Address: _____ City: _____ State: _____
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Verification is normally sought after interview. Please indicate whether your references can be approached before the interview. **YES or NO**

Declaration

Any of the above particulars may be subject to check. I understand that any false, inaccurate or incomplete information could result in dismissal, disciplinary action or a withdrawal of any offer of employment.

I declare that the information given on this form is to the best of my knowledge correct and complete and can be treated as part of any subsequent contact of employment.

Signature: _____ Date: _____

Office Use:

Starting Position: _____ Date Started: _____

Beginnings Salary: _____ Date of Birth: _____

References Checked? Yes No

Director: _____

Date: _____