

River Falls Gymnastic Club

Application for Employment

Please complete this application by typing or printing ink. Incomplete or unsigned applications will not be considered. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

Personal Data

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

Current Employment Information

Are you employed at the present time? Yes / No

Employer's Name: _____

1. How long have you been with this employer? _____ May we contact them? Yes / No

2. If offered a position, when can you report for work? _____

3. If hired can you show proof of your legal right to work in the U.S.? Yes / No

4. Have you every been dismissed, or asked to resign from any position? Yes / No

5. Have you ever been convicted of a felony/misdemeanor which resulted in imprisonment? Yes / No

6. Do you have any injuries/conditions that could prevent you from doing certain activities? Yes / No

If yes to number 4, 5, or 6, please explain: _____

Availability

Days Times

Days	Times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Education

School(s) Subjects Studied (if applicable)

High School	
College (Including dates attended)	

Employment Experience (List most recent experience first)

Name & Address	Position(s) Held	Dates (Start - End)

References

Name & Address (Include City, State, Zip)	Phone	Relationship

Gymnastics Experience

Years: **As a gymnast:** **As a coach:** **Other:**

Personal Statement

Why would you like to work for RFGC?

Additional Information that could help you qualify for this position

Examples include: training, classes, activities, interests, certifications, current licenses, and other skills

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for terminations at a later date.

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ Date: _____