



# American All-Star Gymnastics Inc.

## Application for Employment

DATE \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

First Last Middle (Maiden)

Present Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ If under 18, please list age \_\_\_\_\_

Position applied for \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_Yes \_\_\_No Do you have legal right to work in the U.S.? \_\_\_Yes \_\_\_No

Employment desired \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL- OR PART-TIME

How many hours can you work weekly? \_\_\_\_\_

When available for work?

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Any Special Circumstances? Please explain.

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ No \_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \*Conviction of a crime will not necessarily disqualify you for employment.

\_\_\_\_\_  
\_\_\_\_\_



An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**Work experience**

Please list your work experience **completed in full** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

1. Name of Employer \_\_\_\_\_ Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employment Dates \_\_\_\_\_ Salary/Hourly Pay \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

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Reason for leaving

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2. Name of Employer \_\_\_\_\_ Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employment Dates \_\_\_\_\_ Salary/Hourly Pay \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

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Reason for leaving

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3. Name of Employer \_\_\_\_\_ Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employment Dates \_\_\_\_\_ Salary/Hourly Pay \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

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Reason for leaving

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May we contact your present or previous employer? \_\_\_ Yes \_\_\_ No

Did you complete this application yourself \_\_\_ Yes \_\_\_ No

If not, who did? \_\_\_\_\_

Why do you think you would make a great addition to the AAGI coaching staff?

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**Please read before signing**

If you have any questions regarding the following statement please ask an employment interviewer before signing. This company does not discriminate in hiring or employment on the basis of race, color, religion, age, sex, national origin, veteran status or within any other protected group. No questions on this application are intended to secure information to be use for discrimination. This company may request a background check on you. Nothing contained in this application or in the interview process is intended to create and employment contract between the company and you. Should this application result in your employment, you will be an "at-will" employee. You will have the right to terminate your employment at any time and for any reason. The company, American All-Star Gym, retains the same right to terminate your "at-will" employment at any time for any reason. The company does not guarantee that any position will be continued for any length of time or that any assignment of shift be permanent. This entire statement applies to the period to or after you may be employed.

I hereby acknowledge that I have read and understand each and all of the above statements. I certify that I have given true, accurate and complete information on this application to the best of my knowledge. I further authorize education institutions, associations, registration and licensing board, prior employers, and others, to furnish whatever details are available concerning any statement.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Sign Name \_\_\_\_\_ Date \_\_\_\_\_