

# Employment Application

## Pre-Employment Questionnaire

An Equal Opportunity Employer



### PERSONAL INFORMATION

To receive an interview, this application must be completely filled out.

Applicant's First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

#### Person we should contact in case of an EMERGENCY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### GYMNASTICS BACKGROUND

Have you ever done gymnastics?  N  Y Where? \_\_\_\_\_

Have you competed as a gymnast?  N  Y What was your highest competitive level/ranking? \_\_\_\_\_

Have you ever coached gymnastics?  N  Y Where? \_\_\_\_\_

List what you have coached?  Mommy&Me  Pre-School  Recreational  Team  Adult  Cheer  Dance  Camps  BD Parties  Sleepover

What other activities have you coached? \_\_\_\_\_

Are you Safety Certified by USAG?  N  Y Expiration Date: \_\_\_\_\_ If No, were you ever certified?  N  Y What Year: \_\_\_\_\_

Do you have a USAG Pro number?  N  Y USAG#: \_\_\_\_\_

\_\_\_\_\_  N  Y Expiration Date: \_\_\_\_\_

Have you ever attended National Congress?  N  Y Where? \_\_\_\_\_

Have you ever attended any other seminars?  N  Y Where? \_\_\_\_\_

What were the topics of the seminars? \_\_\_\_\_

### EMPLOYMENT DESIRED

Have you ever applied to Waterford Gymnastics before?  N  Y When: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Positions Applying for:  Office  Coaching ( Pre-school  Recreational  Team)

If other please specify: \_\_\_\_\_

Part-time  Full-time Date you can start: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What salary are you expecting per hour: \$ \_\_\_\_\_  I CANNOT be flexible with my schedule.

Please list any special skills we should know about? \_\_\_\_\_

### Availability

Days	From	To
<input type="checkbox"/> Mon	_____	_____
<input type="checkbox"/> Tue	_____	_____
<input type="checkbox"/> Wed	_____	_____
<input type="checkbox"/> Thu	_____	_____
<input type="checkbox"/> Fri	_____	_____
<input type="checkbox"/> Sat	_____	_____
<input type="checkbox"/> Sun	_____	_____

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## REFERENCES

Please give us the names of three persons not related to you, whom you have known for at least one year

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## FORMER EMPLOYER INFORMATION

Start with your Last Employer.

Are you currently employed?  Y  N

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position: \_\_\_\_\_ Job Description: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Hours Worked per week: \_\_\_\_\_  Salary  Hourly Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

I'm currently employed at this company, please DO NOT contact.

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position: \_\_\_\_\_ Job Description: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Hours Worked per week: \_\_\_\_\_  Salary  Hourly Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

I'm currently employed at this company, please DO NOT contact.

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position: \_\_\_\_\_ Job Description: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Hours Worked per week: \_\_\_\_\_  Salary  Hourly Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

I'm currently employed at this company, please DO NOT contact.

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position: \_\_\_\_\_ Job Description: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Hours Worked per week: \_\_\_\_\_  Salary  Hourly Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

I'm currently employed at this company, please DO NOT contact.

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position: \_\_\_\_\_ Job Description: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Hours Worked per week: \_\_\_\_\_  Salary  Hourly Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

I'm currently employed at this company, please DO NOT contact.

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## PHYSICAL / HEALTH RECORD

Have you ever been injured while working at your previous employments?  N  Y Did you have to take time off work?  N  Y How Long? \_\_\_\_\_

Do you have experience spotting gymnastics skills?  N  Y

If YES, please describe: \_\_\_\_\_

Are you willing to learn and are you physically capable of spotting gymnasts of various ages and ability levels?  N  Y

If NO, please describe: \_\_\_\_\_

Have you ever had a claim against Workers' Compensation Insurance?  N  Y

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  N  Y

If YES, please describe: \_\_\_\_\_

At **Waterford Gymnastics**, teaching physical education skills to children or generally supervising children in a physical environment sometimes requires quick or unexpected movements including lifting or catching ("spotting") children weighing up to 150 lbs. or more. Additionally, teaching positions also often require lifting and adjusting heavy sports apparatus, or if working in office or food areas, lifting of heavy boxes of up to 100lbs.

"I am able to perform the physical requirements of the position(s) for which I applied without jeopardizing my safety or the safety of **Waterford Gymnastics** students, clients, guests, coworkers or others. I have read and agree to the statements above."

Initial here: \_\_\_\_\_

## EDUCATIONAL INFORMATION

High-school: \_\_\_\_\_ Location: \_\_\_\_\_ Years Attended: \_\_\_\_ Graduated:  Y  N Subject Studied: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_ Years Attended: \_\_\_\_ Graduated:  Y  N Subject Studied: \_\_\_\_\_

Graduated School: \_\_\_\_\_ Location: \_\_\_\_\_ Years Attended: \_\_\_\_ Graduated:  Y  N Subject Studied: \_\_\_\_\_

Other: \_\_\_\_\_ Location: \_\_\_\_\_ Years Attended: \_\_\_\_ Graduated:  Y  N Subject Studied: \_\_\_\_\_

Please list all LANGUAGES you speak fluently: \_\_\_\_\_

## PERSONAL STATEMENT

Why did you choose to apply at **Waterford Gymnastics** instead of another gym? \_\_\_\_\_

Why should **Waterford Gymnastics** consider your application? \_\_\_\_\_

What do you think you will bring and add to **Waterford Gymnastics** that would benefit our gym? \_\_\_\_\_

At **Waterford Gymnastics**, we believe in building strong relationships. However, despite best intentions, sometimes business relationships do not work out and that is why all employment at **Waterford Gymnastics** is AT WILL which means that either party, the employee or the Company, can terminate employment at any time, with or without notice and with or without reason.

**CRIMINAL BACKGROUND**

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Have you ever been convicted of anything other than traffic violations?  N  Y If YES, please explain: \_\_\_\_\_

Our number one concern is to provide a safe and happy environment for its students. Please know, Waterford Gymnastics performs background checks on all employees. I understand and agree that the Company will administer background checks on me and my initial and continued employment is conditional upon the results of these checks. I authorize these investigations and release WGC and all parties from all liabilities for any damage that may result from furnishing same. I have read and agree to the statement above.

Initial here: \_\_\_\_\_

**UNDERSTANDING & AGREEMENT**

- I have read and understand the procedures of employment at WGC?  N  Y
- I have read and understand the phases of employment at WGC?  N  Y
- I have read and understand the qualifications and requirements for employment at WGC?  N  Y
- I have read and understand the required professional certifications for employment at WGC?  N  Y
- I have read and understand the procedures during training phase at WGC?  N  Y
- I have read and understand that I will receive minimum wage during the initial observation period at WGC?  N  Y
- Are you a U.S. Citizen?  N  Y
- I have read and understand that I may not have visible tattoos while working at WGC that depict offensive or sexual language or images.  N  Y
- I have read and understand that I may not have visible piercings such as nose, eyebrows, lips, tongue and belly that may interfere with the safety of coach and/or athlete.  N  Y

**CERTIFICATION TO ACCURACY AND UNDERSTANDING OF TERMS IN GW APPLICATION**

"I certify that the facts contained in this application or during the interview are true and complete to the best of my knowledge and understand that, if employed false, incomplete, misleading statements on this application or during interview shall be grounds for immediate dismissal. I have read and agree to the statement above."

Initial here: \_\_\_\_\_

"I authorize investigation of all statements contained herein and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing same to you. I have read and agree to the statement above."

Initial here: \_\_\_\_\_

"I understand that if I am hired my continued employment is contingent upon my successful performance during a 90 day introductory period. I also understand and agree that, if hired my ongoing employment will be AT WILL for no definite period and may, regardless of the date of employment or my wages, be terminated at any time with or without any prior notice or reason. I have read and agree to the statement above."

Initial here: \_\_\_\_\_

"I understand and agree with the phases of employment and the application process set forth in this application. I understand that I am required to join WGC with the qualifications, experience and certifications set forth in the application packet. If I am not certified and do not meet the qualification criteria, I may obtain the required knowledge and experience from the WGC training staff at no charge. I will strive to fit into the existing WGC culture, system of operation and instruction.

I am willing to attend any and all clinics, congress's, State meetings, competitions, banquets or any other related activities as required as part of my training and employment. I will attend work dressed in the appropriate attire, on time, and with a positive attitude. I agree to be prepared for any examinations that may be set forth at any time during my employment and understand that my lack of or unsatisfactory results to any such test, whether in writing, oral or in practice, will subject me to probations and possible termination. I have read and agree to the statement above."

Initial here: \_\_\_\_\_

"My signature bellow certifies to the fact that I have read and understood all the information presented to me under this application packet, and by applying I am in accordance with the policies and procedures of WGC as set forth in this application and the staff manuals. I have read and agree to the statements above. "

Initial here: \_\_\_\_\_

TYPE NAME: \_\_\_\_\_

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