



# Application for Employment

## SPRINGS GYMNASTICS

9694 East Rita Commerce Drive, Tucson, AZ 85747

Phone: (520) 664-1900 Online: www.SpringsGymnastics.com

### Personal Contact Information:

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Email: \_\_\_\_\_ Referred By: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Are you 18 years or older:  Yes  No How did you hear about Springs Gymnastics? \_\_\_\_\_

Are you a citizen of the United States:  Yes  No If no, are you authorized to work in the U.S.?  Yes  No

Are you currently employed?  Yes  No In yes, can we contact your current employer:  Yes  No  Not at this time

Have you ever applied at or worked for Springs Gymnastics in the past?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been convicted of a misdemeanor, gross misdemeanor or felony?  Yes  No (Conviction may be considered but does not necessarily disqualify an applicant for employment.)

If yes, explain: \_\_\_\_\_

### In case of an EMERGENCY, please list persons who should be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Personal and/or Professional References:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Years known: \_\_\_\_\_ Job Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

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### Gymnastics Background:

Have you been a gymnast yourself?  Yes  No If yes, explain? \_\_\_\_\_

Have you ever coached gymnastics?  Yes  No If yes, where? \_\_\_\_\_

List what levels you have coached:  Parent/Tot  Preschool  Recreation  Team  Cheer/Tumbling  Birthday Parties

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

### Certifications (please check all that apply)

Instructor or Professional Member of USA Gymnastics  Yes  No Membership Number: \_\_\_\_\_

Are you Safety Certified by USA Gymnastics?  Yes  No Expiration date: \_\_\_\_\_

Background Check by USA Gymnastics?  Yes  No Expiration date: \_\_\_\_\_

First Aid and/or CPR Certified  Yes  No Expiration date: \_\_\_\_\_

Please list any other certifications or designations: \_\_\_\_\_

If not certified above are you able to obtain certification, background and/or drug screening for employment?  Yes  No

If no, explain: \_\_\_\_\_

## Application Preferences and Availability:

What positions are you applying for today?  Front Desk  Coach – check all that apply:  Preschool  Recreational  Team

Full Time  Part Time If other, please specify: \_\_\_\_\_

Date you can start: \_\_\_\_\_

### Availability – please check all that apply

Desired Salary: \$ \_\_\_\_\_  hour /  month

<input type="checkbox"/> Monday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening
<input type="checkbox"/> Thursday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening
<input type="checkbox"/> Friday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening
<input type="checkbox"/> Saturday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening
<input type="checkbox"/> Sunday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening

Please list any special skills or qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History:

### Start with your current or most recent employer

**Business Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Date Started:** \_\_\_\_\_ **Date Ended:** \_\_\_\_\_ **Hours per week:** \_\_\_\_\_ **Wages:** \$ \_\_\_\_\_  hour /  month

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

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

Are you currently employed here:  Yes  No May we contact this employer:  Yes  No  Not at this time

**Business Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Date Started:** \_\_\_\_\_ **Date Ended:** \_\_\_\_\_ **Hours per week:** \_\_\_\_\_ **Wages:** \$ \_\_\_\_\_  hour /  month

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

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

Are you currently employed here:  Yes  No May we contact this employer:  Yes  No  Not at this time

**Business Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Date Started:** \_\_\_\_\_ **Date Ended:** \_\_\_\_\_ **Hours per week:** \_\_\_\_\_ **Wages:** \$ \_\_\_\_\_  hour /  month

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

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

Are you currently employed here:  Yes  No May we contact this employer:  Yes  No  Not at this time

## Physical / Health Record:

Have you been injured while working at your previous employers?  Yes  No Did you have to take time off?  Yes  No

If so, what was the nature of the injury and length of time off required: \_\_\_\_\_

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  Yes  No

If yes, please describe: \_\_\_\_\_

At Springs Gymnastics, teaching physical education and gymnastics skills to children or generally supervising children in a physical environment sometimes requires quick or unexpected movements including lifting, catching or spotting children weighing 150 lbs or more. Additionally teaching positions also often require lifting and adjusting heavy sports apparatus and equipment, heavy boxes or materials up to 100 lbs or more. By initially below, I am able to perform the physical requirements of the position(s) of which I am applying for without jeopardizing my safety or the safety of students, clients, guests, co-workers or others.

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

## Educational Information:

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Years attended: \_\_\_\_\_ Graduated:  Yes  No

College: \_\_\_\_\_ Location: \_\_\_\_\_ Years attended: \_\_\_\_\_ Graduated:  Yes  No

Area of study/major: \_\_\_\_\_

Other: \_\_\_\_\_ Location: \_\_\_\_\_ Years attended: \_\_\_\_\_ Graduated:  Yes  No

Area of study/major: \_\_\_\_\_

Have you completed any USA Gymnastics courses or attended a State, Regional or National Clinic or Congress?  Yes  No

List USAG courses completed: \_\_\_\_\_

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

## Certification of Accuracy and Application Terms:

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

I authorize investigation and verification of all information provided and references listed to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for damages that may result from furnishing information.

I understand and agree with the phases of the application process set forth. I understand that I may be required to join Springs Gymnastics to observe and join other staff during regular class time as a secondary interview before offer of employment may be considered, and that I will not be compensated for time during this phase of consideration.

My signature below certifies to the fact that I have read and understood all information presented to me under this application process and by applying I am in accordance with the policies and procedures of Springs Gymnastics as set forth in this application. I have voluntarily and willingly provided the information on this application and have ready and agree to the statements above.

Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Please include a copy of your Driver's License or Photo ID with this application. Your resume may be attached as additional documentation but does not replace completing this application in full.** Employment applications will remain on file for 6 months.