



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: _____

Name: _____ Relationship: _____ Phone: _____

Personal and/or Professional References:

Name: _____ Relationship: _____ Phone: _____

Years known: _____ Job Title: _____ Company Name: _____

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Years known: _____ Job Title: _____ Company Name: _____

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.