

Olympia Gymnastics & Ninja | Team Central Gymnastic Academy | My Gym
Employment Application Form

Please fill out the below information and submit your application to employment@olympiagymnastics.org

PERSONAL INFORMATION

Date of Application _____

Name: _____
Last First Middle

Current address _____
Street (Apt) City/State Zip

Contact Information _____
Contact Phone # Email

POSITION DESIRED

<p>PROGRAM</p> <input type="checkbox"/> Gymnastics <input type="checkbox"/> Tumbling <input type="checkbox"/> Cheerleading <input type="checkbox"/> Ninja <input type="checkbox"/> Dance <input type="checkbox"/> Special Activities <input type="checkbox"/> Other _____	<p>POSITION</p> <input type="checkbox"/> Program Director <input type="checkbox"/> Instructor <input type="checkbox"/> Competitive Coach <input type="checkbox"/> Gym Manager <input type="checkbox"/> Office Manager <input type="checkbox"/> Customer Service/Office <input type="checkbox"/> Bookkeeper	<p>AVAILABILITY</p> <input type="checkbox"/> Full Time only <input type="checkbox"/> Part Time Only <input type="checkbox"/> Full or Part Time _____ How many hours can you work weekly? _____ Can you work evenings? (4:00-9:00) _____ Weekends _____ Available start date _____ Desired Salary (hour/month/year) circle one – REQUIRED
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Days Available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Have you applied here before? _____ Are you employed now? _____ May we call you at your present job? _____ Phone# _____
 How did you find out about our opening? _____

Which location are you applying to?
 Manchester Saint Peters Chesterfield Ellisville Festus Maryland Heights Rock Hill Ninja City-Manchester My Gym-Chesterfield

REQUIRED: Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position. _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	MAJOR OR DEGREE

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes
 HAVE YOU EVER BEEN CONVICTED OF A SEXUAL MISCONDUCT? 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.

Are you willing to apply for a background check at no charge? Yes No, please explain _____

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WORK EXPERIENCE Please list your last three employers beginning with the most current

Employer _____ Job Title _____
 Address _____ City/State _____ Zip _____
 Areas of Responsibility _____
 Dates employed from _____ to _____ Hourly Rate/Salary \$ _____ Yearly _____
 Reason for leaving _____ May we contact? _____ Phone # _____

Employer _____ Job Title _____
 Address _____ City/State _____ Zip _____
 Areas of Responsibility _____
 Dates employed from _____ to _____ Hourly Rate/Salary \$ _____ Yearly _____
 Reason for leaving _____ May we contact? _____ Phone # _____

Employer _____ Job Title _____
 Address _____ City/State _____ Zip _____
 Areas of Responsibility _____
 Dates employed from _____ to _____ Hourly Rate/Salary \$ _____ Yearly _____
 Reason for leaving _____ May we contact? _____ Phone # _____

REFERENCES: Please list a minimum of 3 references. At least 2 of the 3 must be professional relationships.

Name _____ Title _____
 Address _____ City/State _____ Zip _____
 Phone Day _____ Evening _____ Relationship _____

Name _____ Title _____
 Address _____ City/State _____ Zip _____
 Phone Day _____ Evening _____ Relationship _____

Name _____ Title _____
 Address _____ City/State _____ Zip _____
 Phone Day _____ Evening _____ Relationship _____

Name _____ Title _____
 Address _____ City/State _____ Zip _____
 Phone Day _____ Evening _____ Relationship _____

