



Gleason's Gymnastic School

2015 Silver Bell Road – Suite 180
 Eagan, MN 55122
 (651) 454-6203

Employment Application

PERSONAL INFORMATION	Last Name			First	Middle	Date
	Street Address					Home Phone ()
	City, State, Zip					Mobile Phone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year: _____					Social Security # ____ - ____ - _____
	Position Desired					Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?					Will you work overtime if asked?
	Are you legally eligible for employment in the United States?					Date available to begin work?
	Other special training or skills (languages, computer skills, etc.)					E-mail Address

EDUCATION	School	Name and Location of School	Course of Study	No of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion, or National Origin)	

EMPLOYMENT

Please provide accurate and complete full-time and part-time employment record
Start with your present or most recent employer

1	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	DO NOT CONTACT
	Employer Number (s) _____ Reason _____

REFERENCES	Name	Address	Phone Number

GYMNASICS TEACHING EXPERIENCE	Number of years of experience
	Skill Range of Students Taught
	If Competitive – Level of Gymnastics Taught
	Spotting Skills
	What is your career objective as it relates to teaching/coaching gymnastics?
	Hobbies/Extra-Curricular Activities
	What areas are you most qualified to teach? (Circle all that apply) Pre-School Recreational Teams (Specify Levels) _____
	What areas would you most like to teach? (Circle all that apply) Pre-School Recreational Teams (Specify Levels) _____

CERTIFICATIONS	Check All that Apply:	
	<input type="checkbox"/> USA Gymnastics Safety Certification <input type="checkbox"/> Red Cross CPR <input type="checkbox"/> Red Cross First Aid <input type="checkbox"/> USA Gymnastics Skill Evaluator <input type="checkbox"/> USA Gymnastics Meet Director <input type="checkbox"/> Level 1 KAT	<input type="checkbox"/> USA Gymnastics Judge (5-10) <input type="checkbox"/> USATT Level 1 Coach ____ Level 2 ____ <input type="checkbox"/> USATT Meet Director <input type="checkbox"/> USATT Judge: Level A ____ Level B ____ Level C ____ FIT ____ <input type="checkbox"/> PDP I ____ PDP II ____ <input type="checkbox"/> Other _____

AVAILABILITY	List the Times You Are Available Each Day			
	School Year (September – May)		Summer (June – August)	
	Monday		Monday	
	Tuesday		Tuesday	
	Wednesday		Wednesday	
	Thursday		Thursday	
	Friday		Friday	
	Saturday		Saturday	
	Hours Desired (per week) _____		Available Start Date _____	

Have you ever been arrested, charged or convicted of a criminal offense including misdemeanor, gross misdemeanor or felony level offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, explain circumstances:

SIGNATURE	The information provided in this Application for Employment is True, Correct, and Complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
	If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.
Date _____	Signature _____

Child Protection Background Check Consent

123B.03 Informed Consent

Gleason's Gymnastic School

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Date: _____

The following named individual has made application with **Gleason's Gymnastic School** for employment:

Full Name of Applicant: _____
Last First Middle

Maiden, Alias of Former (please print): _____

Date of Birth: _____
Month/Day/Year

I authorize the Minnesota Bureau of Apprehension to disclose all criminal history record information to **Gleason's Gymnastics School** pursuant to Minnesota State Statute 123B.03 sub division 1 for the purpose of employment as a _____ (Position/Assignment) with this agency.

CONDITIONAL HIRING: I understand that **Gleason's Gymnastics School** may permit me to commence my employment duties pending completion of the criminal history background check and acknowledge and agree that I may be terminated based on the result of the background check.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of applicant

Date