



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status

Gymnastics Application for Employment

[Pre-Employment Questionnaire] [An Equal Opportunity Employer]

Last Name _____ First _____ Today's Date _____

Street Address _____ City _____

State _____ Zip Code _____ Home Phone _____ Cell # _____

E-mail address (print) _____

Position desired _____

How many hours per week do you desire? _____ Pay expected _____

When can you start? _____

Realizing this is a business of children, I understand that by signing this application, I am specifically authorizing Bama Bounders Gymnastics to perform various background checks, including but not limited to reviewing my complete criminal history.

Signature X _____ Date _____

School Name & Location	Course of Study	No. of Years Completed	Did You Graduate

Available to work:

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
8:30am – 3:00 p.m.							
3:00pm – 8:00 p.m.							

1. The safety of our students is a top priority. Teaching physical skills to children requires quick movements and spotting and lifting heavy children, sometimes while in awkward positions. Also, a necessary part of the job includes moving and adjusting gymnastics apparatus such as horses and parallel bars which can weigh as much as two hundred pounds. Do you have any injuries or conditions, which could limit your ability to safely perform the duties required for the position you applied for? If yes, please explain in detail: _____

2. Have you ever been convicted of a crime? Yes _____ No _____

3. Have you ever been dismissed from employment or laid off? _____ Why? _____

4. Are you legally eligible to work in the United States? Yes _____ No _____

5. Check off areas you are currently certified in: USAG Safety _____ First Aid Certified _____

CPR Certified _____ KAT _____ MELPD _____ Preschool FUNdamentals _____

6. Do you have your own car? If no, how will you get to work? _____

8. Interests, activities, honors _____

9. Our hours vary from week to week and occasionally you may be asked to stay late, leave early, or come in on your day off. Do you foresee any problems with this? _____

10. Would you like to work in the office in the future? _____

FORMER EMPLOYERS (List below last three employers, starting with the most recent one first.)

Date Month/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
FROM _____ TO				
FROM _____ TO				
FROM _____ TO				
FROM _____ TO				

11. Are you currently employed? _____ May we contact your current employer? _____

12. Which of these jobs did you like best? _____

Why? _____

13. What did you like least? _____

14. List any past injuries that might prevent you from performing the job duties of a gymnastics instructor.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

REALIZING THIS IS A BUSINESS OF CHILDREN, I UNDERSTAND THAT BY SIGNING THIS I AM ALLOWING BAMA BOUNDERS GYMNASICS TO PERFORM VARIOUS BACKGROUND CHECKS.

Date: _____ Signature _____

Additional Information for Teachers

Please detail your experience as a gymnast or cheerleader. Please start with your most recent training.

Where you trained?	For how long?	Dates of when you trained
1.		
2.		
3.		

Please detail your experience as a gymnast, cheerleader, teacher, or coach. Provide details concerning the employment experience you detailed on the second page of this application. What groups or levels did you work with and what were your duties?

- 1. _____
- 2. _____

Describe in detail three drills or approaches that you would use with a group of 8 year olds who were having trouble mastering a cartwheel:

- 1. _____
- 2. _____
- 3. _____

You have a group of 4-year-olds that is not paying attention. What do you do? _____

Describe your greatest strength and weakness as a teacher: Strength: _____

Weakness: _____

List the hardest elements you can do on the following equipment:

Beam _____ Bars _____ Tumbling _____ Trampoline _____

Write lesson plans for a beginning gymnastic class for girls ages 6-12. Please be specific.

Beam	Bars	Tumbling	Trampoline
			Tumbl Trak