



Elite Gymnastics Academy

APPLICATION OF EMPLOYMENT

680 East Travelers Trail Burnsville, MN 55337
Phone: (952) 882-9012 Fax: (952) 882-9015
www.elite-gymnastics.com

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION: _____ **DATE:** _____

First Name _____ Middle Initial _____ Last Name _____

Current Address:

Street and Apt. # _____ City _____ State _____ Zip Code _____

Permanent Address (if different from above):

Street and Apt. # _____ City _____ State _____ Zip Code _____

Telephone: _____ Email: _____

Social Security: _____ Driver's Licens # _____ State: _____

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:
 Yes No

If applicable, please list your visa type, visa # and expiration: _____

Have you ever been convicted of a misdemeanor, gross misdemeanor, or a felony? Yes No

If you answered yes, please explain: _____

Have you ever served in the U.S. Military?: Yes No

If yes, please provide the following information:

Branch of Service: _____ Rank at time of separation: _____

I served from : _____ to _____

Special Honors: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No

Name

Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No

Name

Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No

Name

Title

Reasons for Leaving: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EDUCATION:

High School

Name and Address: _____

Did you graduate? Yes No Attended from: _____ to _____

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School

Name and Address: _____

Did you graduate? Yes No Attended from: _____ to _____

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address: _____

Did you graduate? Yes No Attended from: _____ to _____

Degree or Certification: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address: _____

Did you graduate? Yes No Attended from: _____ to _____

Degree or Certification: _____ Major: _____

Special honors or awards: _____

Last Name: _____ First Name: _____ Middle Initial: _____

POSITION INFORMATION:

Position Specifications

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

When would you be able to start? _____

Desired salary: _____ per _____

Special Skills & Experience

Please describe any skills, background, licenses, or experience which you feel especially qualifies you for the position for which you are applying for:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history. Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____

Date: _____