

## COUNTRYSIDE GYMNASTICS EMPLOYMENT APPLICATION

Date of interview \_\_\_\_\_ Date hired \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Alternate number \_\_\_\_\_  
 Birth date \_\_\_\_\_ Age \_\_\_\_\_

Are you currently a student? \_\_\_\_\_ Name of school attending \_\_\_\_\_

1. Have you ever been convicted of or entered a plea of guilty or no contest to a criminal charge or indictment involving sexual misconduct, child abuse, or conduct that is a violation of a law specifically designed to protect minors?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you even been convicted of or entered a plea of guilty or no contest to any other felony charge of felony indictment? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Availability: Days/Hours you can work</b>						
Starting Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

### MOST RECENT GYMNASTICS EXPERIENCE

Gymnastics Club \_\_\_\_\_ Owner \_\_\_\_\_  
 Location \_\_\_\_\_ Phone number \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Indicate the number of years, levels, and age groups you have taught gymnastics to:

\_\_\_\_\_

List spotting techniques and skills at which you are best \_\_\_\_\_

\_\_\_\_\_

List areas you need help in \_\_\_\_\_

Are you a member of USAG? \_\_\_\_\_ If yes, what is your professional number? \_\_\_\_\_

Do you have transportation to and from work? \_\_\_\_\_

Do you enjoy working with children? \_\_\_\_\_

Do you have health problems or disabilities which could affect your employment? If yes, please explain? \_\_\_\_\_

I certify that information on this application is correct to the best of my knowledge and understanding.

Signature \_\_\_\_\_ Date \_\_\_\_\_