

APPLICATION FOR EMPLOYMENT

Head Over Heels Gymnastics, Inc. dba Head Over Heels Athletic Arts is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, sex, religion, national origin; the presence of mental, physical, or sensory disability; sexual orientation or any other basis prohibited by federal, state, or municipal law.



Please complete entire application to ensure processing.

Resume Enclosed ☐ Yes ☐ No

| | | | | | | |
|--|-----|---|-----------|--|---------------------|----------|
| PERSONAL INFORMATION (Please Print) | | | | | | |
| First Name: | | Middle: | | Last Name: | | SS # |
| Birth Date: | | | | | | |
| Other names known by: | | | | Are you less than 18yrs of age? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | Do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you authorized for employment with any U.S. employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | (Proof of U.S citizenship required if hired by HOH) | | |
| Have you been convicted of a crime in the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| If yes, list convictions that are a matter of public records (arrests are not convictions). A conviction will not necessarily disqualify you for employment. | | | | | | |
| | | | | | | |
| | | | | | | |
| PRESENT ADDRESS: | | Street | | City | State | Zip code |
| PERMANENT ADDRESS: | | Street | | City | State | Zip code |
| PHONE NUMBERS: | | Daytime # | Evening # | Cell # | Referred to HOHby: | |
| EMERGENCY CONTACT: | | Name | Address | | Home # | Cell # |
| EMPLOYMENT DESIRED | | | | | | |
| Position: | | Hourly Rate/ Salary Desired: | | | Date you can start: | |
| Specify hours available for each day of the week: | | | | | | |
| Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
| How many hours a week of work do you desire? | | | | Are you able to work overtime? | | |
| List your coaching and gymnastics skills relevant to the position you are applying for: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Other Athletic/ Related Skills: | | | | | | |
| | | | | | | |
| | | | | | | |
| Skills For Office/ Admin Positions only: | | | | | | |
| | | | | | | |
| Typing WPM: | | Ten key? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Facility / Carpentry / Equipment / Maintenance: | | | | | | |
| | | | | | | |
| Computer Proficiency: | | Word | Excel | Databases | Other | |
| Mac / PC / Other Skills: | | | | | | |

| REFERENCES | | Give below the names of three professional references whom you have known at least one year. | |
|------------|------------------------|--|-------------------|
| Name | Address & Phone Number | Business | Years acquainted? |
| | | | |
| | | | |
| | | | |

| EDUCATION | | | |
|----------------------------|----------------------------|-------------------|------------------|
| Name and address of school | Circle last year completed | Did you graduate? | Degree received? |
| High school _____ | 1 2 3 4 | Y N | _____ |
| College _____ | 1 2 3 4 | Y N | _____ |
| Trade, Business _____ | 1 2 3 4 | Y N | _____ |

| |
|--|
| Do you have any gymnastics, dance, martial arts, or like experience? List experience, training, etc. How many years? |
| |
| What do you like about working with children? With which ages do you work best? |
| |
| What do you think you will like about working at Head Over Heels Gymnastics, Inc.? |
| |
| Describe a situation when you provided excellent coaching / teaching / customer service. Why was it effective? |
| |
| Anything else you'd like to tell us about yourself? |
| |

Former Employers: List below current and last three employers, starting with the most recent one first. Please include any non-paid / volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.

| Date (M/D/Y) | | | |
|--------------|--------------------------|--|----------------------------------|
| 1 | From: _____ To: _____ | Current employer (name & address): _____ | Salary or hourly Starting? _____ |
| | | | Ending? _____ |
| | Position: _____ | Reason for leaving: _____ | Average # of hrs per week? _____ |
| | | | |
| | Duties performed: _____ | | |
| | | | |
| | Supervisor's name: _____ | Phone number: _____ | May we contact? _____ |

| | | | | |
|---|--------------------|-----|------------------------------------|----------------------------------|
| 2 | From: | To: | Current employer (name & address): | Salary or hourly |
| | | | | Starting? _____ |
| | | | | Ending? _____ |
| | Position: _____ | | Reason for leaving: _____ | Average # of hrs per week? _____ |
| | | | | |
| | Duties performed: | | _____ | |
| | | | _____ | |
| | Supervisor's name: | | Phone number: | May we contact? |

| | | | | |
|---|--------------------|-----|------------------------------------|----------------------------------|
| 3 | From: | To: | Current employer (name & address): | Salary or hourly |
| | | | | Starting? _____ |
| | | | | Ending? _____ |
| | Position: _____ | | Reason for leaving: _____ | Average # of hrs per week? _____ |
| | | | | |
| | Duties performed: | | _____ | |
| | | | _____ | |
| | Supervisor's name: | | Phone number: | May we contact? |

| | | | | |
|---|--------------------|-----|------------------------------------|----------------------------------|
| 4 | From: | To: | Current employer (name & address): | Salary or hourly |
| | | | | Starting? _____ |
| | | | | Ending? _____ |
| | Position: _____ | | Reason for leaving: _____ | Average # of hrs per week? _____ |
| | | | | |
| | Duties performed: | | _____ | |
| | | | _____ | |
| | Supervisor's name: | | Phone number: | May we contact? |

I hereby authorize Head Over Heels Gymnastics, Inc. to thoroughly investigate my background, references, employment record, and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Head Over Heels Gymnastics, Inc. to provide any relevant information regarding my current and/or previous employment, and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Head Over Heels Gymnastics, Inc. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract or offer of employment. I understand that filling out this form does not indicate there is a position open and does not obligate Head Over Heels Gymnastics, Inc. to hire me.

Date: _____

Applicant Signature: _____

References Checked: Yes No

Life Scan/Finger-Printed: Yes No

Hire Date: _____

Start Date: _____

Salary/Hourly: _____

Part time/Full time: _____

Notes: _____