

REBOUNDERS GYMNASTICS, INC.

APPLICATION FOR EMPLOYMENT

Date of Application _____ Position(s) Applied for _____

How did you hear about us? _____

Last Name, First Name, Middle Name _____

Address: Number, Street, City, State, Zip _____

Permanent Address (if different than above) _____

Telephone Number(s) Cell _____

Home _____

E Mail _____

If you are between ages of 14-18 years, can you provide required proof of your eligibility to work?
(Must obtain work permit) Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of
Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

***On what date would you be available for work?** _____

***Are you available for work:** (circle any that apply) Full Time Part Time Temporary

***Is your availability:** (circle any that apply) Short Term Long Term
List days/times available:

***List any expected gaps or limits on your availability:** _____

Are you currently on "lay off" status and subject to recall? Yes No

Do you have your own transportation? Yes No

Have you been convicted of a felony within the last 7 years?
(Conviction will not necessarily disqualify an applicant from employment.) Yes No

If Yes, please explain _____

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EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed From To	Work Performed
	Address		
	Telephone Number(s)	Hourly Rate/Salary Starting Final	
	Job Title Supervisor		
	Reason for Leaving		

2.	Employer	Dates Employed From To	Work Performed
	Address		
	Telephone Number(s)	Hourly Rate/Salary Starting Final	
	Job Title Supervisor		
	Reason for Leaving		

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3. Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status): _____

Other Qualifications
(Summarize special job-related skills and qualifications acquired from employment or other experiences.)

State any additional information you feel may be helpful to us in considering your application:

REFERENCES

- 1. _____
(Name/Address) Phone Number
- 2. _____
(Name/Address) Phone Number
- 3. _____
(Name/Address) Phone Number
- 4. _____
(Name/Address) Phone Number

**** Note to Applicants:**

Do Not Answer this question unless you have been informed about the requirements of the job for which you are applying. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? _____ Yes _____ No

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GYMNASTICS and PRESCHOOL SPECIFIC INFORMATION

Please check all the following that currently apply: (Please include expiration dates)

First Aid Certified _____ CPR: _____ Adult ____ Child ____

USAG Safety Certified _____

Have you coached gymnastics? Yes _____ No _____

If yes, list your **strongest event** to teach & **skills** you are most comfortable spotting on that event?

1. _____
2. _____
3. _____
4. _____

How long have you been a preschool teacher? _____ What age children have you taught? _____

Have you completed the 90hour Preschool Teacher Certification with the state of Maryland? Yes _____ No _____

Why do you think you are a good teacher?

Teaching Philosophy:

What ages do you relate best with? Why? _____

What do you feel are your strongest qualities? _____

APPLICANT'S STATEMENT: The facts set forth in my application are true and complete. I understand that, if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize Rebounders Gymnastics, Inc. or its agents to make an investigation of my employment and personal history through any investigative or credit agencies of its choice. I also understand that neither this application nor a commitment of employment by Rebounders Gymnastics Inc. constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Rebounders Gymnastics Centers, Inc. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit an application in order to be considered for positions at Rebounders Gymnastics, Inc.

Signature of Applicant _____ Date _____