



Date of Application \_\_\_\_\_ Position(s) Application For \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Name: Last, First, Middle \_\_\_\_\_ Preferred Pronouns: He/Him, She/Her, They/Them  
Local Address: Number, Street, City, State, Zip \_\_\_\_\_  
Permanent Address (if different than above) \_\_\_\_\_

Telephone Number(s) cell #: \_\_\_\_\_ Email: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_ Yes \_\_\_ No

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

Have you ever been employed with us before? \_\_\_ Yes \_\_\_ No

Are you currently employed? \_\_\_ Yes \_\_\_ No

May we contact your present employe \_\_\_ 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

Do you have your own transportation? \_\_\_ Yes \_\_\_ No

**\*On what date would you be available for work?** \_\_\_\_\_

**\*Are you available for work:** (circle any that apply) Full Time Part Time Shift Work 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 ever been convicted of a felony?  Yes  No

(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please

explain \_\_\_\_\_

\_\_\_\_\_

### EDUCATION

	Name and Address of School Diploma/Degree	Course of Study	Years Completed		
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		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

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

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

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**Other Qualifications**

(Summarize special job-related skills and qualifications acquired from employment or other experiences.) Daycare, Cheer, Ninja or Special Needs experience

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

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**REFERENCES**

1. \_\_\_\_\_

\_\_\_\_\_  
Number (Name/Address) Phone

2. \_\_\_\_\_

\_\_\_\_\_  
Number (Name/Address) Phone

3. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Number (Name/Address) Phone

4. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Number (Name/Address) Phone

## SPECIFIC INFORMATION

Please check software applications experience:

\_\_\_\_\_ Microsoft Word    \_\_\_\_\_ Microsoft Excel    \_\_\_\_\_ Microsoft Publisher    \_\_\_\_\_ Other: \_\_\_\_\_

Please check Certifications:

\_\_\_\_\_ CPR: \_\_\_\_\_ Adult    \_\_\_\_\_ Child    \_\_\_\_\_ Infant    Expiration Date: \_\_\_\_\_

\_\_\_\_\_ 1<sup>st</sup> Aid    Expiration Date: \_\_\_\_\_

\_\_\_\_\_ USAG Safety Certified

\_\_\_\_\_ Other: \_\_\_\_\_

Do you have any Gymnastics Experience/Knowledge (if so explain) ? \_\_\_\_\_

Why do you think you good at customer service?

\_\_\_\_\_  
\_\_\_\_\_

Working 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 Centers, Inc. constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Rebounders Gymnastics, 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 Centers, Inc.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_