MR. TODD'S GYMNASTICS
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION DATE_____

NAME_____ SS#_____
LAST FIRST MIDDLE

PRESENT ADDRESS_____
STREET CITY STATE ZIP

PHONE NO._____ DATE OF BIRTH_____ ARE YOU A U.S. CITIZEN?_____

EMPLOYMENT DISIRED

POSITION_____ DATE YOU CAN START_____
(OFFICE, GYMNASTIC COACH, ASSISTANT, BIRTHDAY PERSONAL)

ARE YOU EMPLOYED NOW?_____

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?_____

WERE YOU REFERRED BY ANYONE?_____ IF "YES" BY WHOM?_____

EDUCATION
HIGH
SCHOOL_____ COLLEGE_____ YRS._____

SPECIAL SKILLS, HOBBIES, TRAINING_____

_____

_____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY?_____

IF "YES" EXPLAIN_____

WOULD YOU BE WILLING TO TAKE A DRUG TEST?_____

DO YOU SUFFER FROM ANY CURRENT OR PRE-EXISTING MEDICAL PROBLEM_____

IF "YES" EXPLAIN_____

EMPLOYMENT EXPERIENCE

EMPLOYER_____
NAME PHONE NO. JOB TITLE

DATES EMPLOYED FROM_____ TO_____ SUPERVISOR_____

REASON FOR LEAVING?_____

*I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE_____