



# APPLICATION FOR EMPLOYMENT

Please answer each question fully and accurately. No action can be taken on this application unless it is complete. Use blank papers if you do not have enough room on this application.

**PLEASE PRINT**, except for signature on back of this application. **PLEASE USE INK.**

Job Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you seeking (circle): Full-time Part-time Temporary Summer

When are you available to work? (circle): Days Evenings Nights Weekends On Call

When are you available to start employment? \_\_\_\_/\_\_\_\_/\_\_\_\_

Salary requested: \$ \_\_\_\_\_ per \_\_\_\_\_

## PERSONAL INFORMATION:

Name (Last, First, Middle)

\_\_\_\_\_

Current Street Address:

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Message Telephone (\_\_\_\_\_) \_\_\_\_\_

Social Security Number (optional) \_\_\_\_\_

Are you at least 18 year of age? (circle): Yes No

Email Address: \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the United States? (circle) Yes No

How did you learn of the position? (circle): Newspaper Ad Walk-in Job Line Referral

Other \_\_\_\_\_

**EMPLOYMENT HISTORY:** (Complete even if you have a resume to attach.)

Account for all periods of time including military service and any periods of unemployment. List your most current employment first. If self-employed provide company name and supply business references.

NOTE: Offered employment may be contingent upon acceptable references from current and former employers.

Time in Position	Name and complete address of employer (street, city, state, zip)	Name and Title of Last Supervisor	Salary or Wage	Reason for Leaving

Your title: \_\_\_\_\_ Employer telephone: (\_\_\_\_) \_\_\_\_\_

Key Duties: \_\_\_\_\_

Time in Position	Name and complete address of employer (street, city, state, zip)	Name and Title of Last Supervisor	Salary or Wage	Reason for Leaving

Your title: \_\_\_\_\_ Employer telephone: (\_\_\_\_) \_\_\_\_\_

Key Duties: \_\_\_\_\_

Time in Position	Name and complete address of employer (street, city, state, zip)	Name and Title of Last Supervisor	Salary or Wage	Reason for Leaving

Your title: \_\_\_\_\_ Employer telephone: (\_\_\_\_) \_\_\_\_\_

Key Duties: \_\_\_\_\_

**EDUCATION:**

School	Name and Complete address of School (Street, City, State, Zip)	Course of Study	Graduated Yes or No	Grade Completed	Diploma/ Degree
High School					
College					
College					
Other: (BS, Tech, Trade, Military)					

**GENERAL: YOU MUST ANSWER ALL QUESTIONS IN THIS SECTION.**

1. Have you ever been convicted under any criminal law; including any plea of “guilty”, “no contest” or “deferred adjudication” (excluding minor traffic violations)? (circle)    Yes                      No

If yes, when, where, and what was the disposition? \_\_\_\_\_

2. Do you have charges or prosecutions that are pending? (circle)    Yes                      No
3. Have you ever been fired from a job, or asked to resign? (circle)    Yes                      No
4. Do you have any relatives currently employed by this organization? (circle)    Yes                      No
5. May we contact your present employer? (circle)    Yes                      No

**REFERENCES:**

Give three references, business or faculty, who are familiar with your qualifications:

<b>NAME</b>	<b>COMPLETE ADDRESS</b> (Street, City, State, Zip)	<b>PHONE</b>	<b>OCCUPATION</b>

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. A copy of this Affidavit signed by me can be used as my authorization for release of information from my former employers, schools or persons named in this application.

I understand Let It Shine Gymnastics, Inc. is a Drug-Free Workplace and I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of my employment, if required.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GURANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand and, by my signature, consent to these statements.

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

**For HR use only:**

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