



Employment Application

Please answer each question fully and accurately. No action can be taken on this application unless it is complete. Print, except for signature on back of this application. Please use ink.

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

(_____) _____ (_____) _____ _____
Daytime Telephone Number _____ Evening Telephone Number _____ Email _____

Position Applied For: _____ Today's Date: _____

How did you learn of the position (circle)? Website Walk-in Referral Other: _____

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

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

When are you available to start employment? _____

Salary requested: \$ _____ per hour

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please be advised that conviction of a misdemeanor or felony by itself is not necessarily a bar to employment. Central Bucks Gymnastics and Dance takes into account other factors, such as age and time of offense, seriousness and nature of the violation and subsequent rehabilitation.

Please check to acknowledge that you understand that Central Bucks Gymnastics and Dance may require a child abuse clearance and/or a criminal background check.

I so acknowledge

Education

School	Name and Address	Course of Study	Graduated Yes or No	Grade Completed	Diploma/Degree
High School					
College					
College					
Other					

Memberships in Professional Organizations (USA Gymnastics, United States Elite Coaches Association)

Other Credentials (Licenses, Certifications, Honors)

Computer Skills

Employment History

Begin with your current or most recent position held. If you require additional space to provide additional information about the responsibilities of this position, you may cross reference and attach a copy of your resume or attach additional paper to this application. Answers to all other questions must be provided on this form whether or not the information is included on your resume.

Name of Current or Most Recent Employer

Street Address

City

State

Zip Code

May we contact this employer? Yes No

If yes, please include the following information:

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Telephone Number

Supervisor's Name

Title of Position

Starting Salary

Ending Salary

Starting Date

Ending Date

Responsibilities

Reason for Leaving

Employment History (Continued)

Name of Employer

Street Address

City

State

Zip Code

May we contact this employer? Yes No

If yes, please include the following information:

(_____)

Telephone Number

Supervisor's Name

Title of Position

Starting Salary

Ending Salary

Starting Date

Ending Date

Responsibilities

Reason for Leaving

Employment History (Continued)

Name of Employer

Street Address

City

State

Zip Code

May we contact this employer? Yes No

If yes, please include the following information:

(_____)

Telephone Number

Supervisor's Name

Title of Position

Starting Salary

Ending Salary

Starting Date

Ending Date

Responsibilities

Reason for Leaving

References

Please provide two professional references and one personal reference that are familiar with your qualifications.

Professional Reference

Name

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Phone Number

Occupation

Street Address

City

State

Zip Code

Professional Reference

Name

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Phone Number

Occupation

Street Address

City

State

Zip Code

Personal Reference

Name

()

Phone Number

Occupation

Street Address

City

State

Zip Code

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 document 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 I may be required to successfully pass a child abuse clearance and/or a criminal background check. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

In consideration of my employment with Central Bucks Gymnastics and Dance, I agree to the rules and regulations of Central Bucks Gymnastics and Dance. I further agree and acknowledge that my employment and compensation can be terminated with or without notice and with or without cause at any time at the option of either Central Bucks Gymnastics and Dance or myself.

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

Signature

Date