



# Application for Employment or Volunteering

Thank you for your interest in working or volunteering at Coastal Gymnastics Academy (CGA). CGA is committed to creating a safe and positive environment for all, and to ensuring that it promotes an environment free of misconduct. CGA has **zero tolerance** for any type of abuse and seeks only to employ or engage as volunteers those persons who share its commitment to the welfare of all gymnastics and dance participants.

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 this application. Please use ink.

Job Applied For: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Are you seeking (circle):    Full Time    Part Time    Temporary    Summer

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

Salary Requested: \$ \_\_\_\_\_ per \_\_\_\_\_ How did you learn about this position? \_\_\_\_\_

## Personal Information:

Name (first, last, middle): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact (name and phone number): \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Are you at least 18 years of age?     Yes     No

If hired, can you provide documentation that you are eligible to work in the United State?     Yes     No

What skills or additional training do you have that are related to the job for which you are applying?

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

Do you have any preexisting conditions or previous injuries that may inhibit your ability to perform the job required?  Yes     No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
USA Gymnastics Membership: Member Number: \_\_\_\_\_



Red Cross/CPR/First Aid Certified: \_\_\_\_\_ Expires: \_\_\_\_\_

**Employment History (complete even if you has resume attached)**

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 business references.

Note: Offered employment may be contingent upon acceptable references from current and former employees.

Name of employer: _____	May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No
Complete Address: _____	
Name and phone number of supervisor: _____	
Dates Employed: _____	
Beginning Salary: _____	Ending Salary: _____
Title: _____	
Key Duties: _____	
_____	

Name of employer: _____	May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No
Complete Address: _____	
Name and phone number of supervisor: _____	
Dates Employed: _____	
Beginning Salary: _____	Ending Salary: _____
Title: _____	
Key Duties: _____	
_____	

Name of employer: _____	May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No
Complete Address: _____	
Name and phone number of supervisor: _____	
Dates Employed: _____	
Beginning Salary: _____	Ending Salary: _____
Title: _____	
Key Duties: _____	
_____	



**Education**

	School Name & Location	Year	Major	Degree
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Post-College:	_____	_____	_____	_____
Other Training:	_____	_____	_____	_____

**Gymnastics Experience**

Experience in years (teaching):

Pre-k/Rec: \_\_\_\_\_ Compulsory: \_\_\_\_\_ Optional: \_\_\_\_\_

Xcel: \_\_\_\_\_ Highest level coached: \_\_\_\_\_

Other experience and qualifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**General: YOU MUST ANSWER ALL QUESTIONS IN THIS SECTION**

Note: a conviction or pending charge will not automatically disqualify you from consideration. However, your failure to list a conviction, pending charge or guilty plea (except those protected by law from disclosure) will disqualify you from further consideration.

1. Have you ever been convicted under any criminal law; including any plea of “guilty”, “no contest” or “deferred adjudication” (excluding minor traffic violations)  Yes  No  
 If yes, where, when and what was the disposition: \_\_\_\_\_
2. Do you have any charges or prosecutions pending?  Yes  No
3. Have you ever been fired from a job or asked to resign?  Yes  No
4. Do you have any relatives employed by this organization?  Yes  No

**References:**

Give at least three references (including one family member) who are familiar with your qualifications.

Name	Address	Phone Number	Occupation



**Affidavit, Consent and Release:**

Please read each statement carefully before signing.

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

I authorize the investigation for 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 names in this application.

I understand 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 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 GUARENTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IN 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 \_\_\_\_\_