

COASTAL GYMNASTICS ACADEMY

Employment Application



APPLICANT INFORMATION													
Last Name			First			M.I.		Date					
Street Address					Apartment/Unit #								
City				State		ZIP							
Phone				E-mail Address									
Date Available				Desired Pay									
Position Applied for													
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						
EDUCATION													
High School			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
REFERENCES													
<i>Please list three professional references.</i>													
1. Full Name			Relationship										
Company				Phone									
Address													
2. Full Name			Relationship										
Company				Phone									
Address													
PLEASE LIST YOUR AVAILABILITY													
Monday:		Tuesday:			Wednesday:			Thursday:		Saturday:			

PREVIOUS EMPLOYMENT									
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
MILITARY SERVICE									
Branch					From		To		
Rank at Discharge					Type of Discharge				
If other than honorable, explain									
DISCLAIMER AND SIGNATURE									
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.									
Signature						Date			