



Employment Application
(Please attach resume if possible)

Gym Sports, Inc. dba Elevate Gymnastics Academy (EGA) is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

Please fill out all of the sections below:

Date of Application: _____

Applicant Information: (Please print legibly)

Applicant Name: _____

Address: _____

City, State, Zip: _____

Phone Number(s): (cell) _____ (home) _____

E-mail Address _____

Employment Position:

Position(s) being applied for: _____

How did hear about this position: _____

What days are you available to work: _____

What hours are you available: _____

On what date can you start working if hired: _____

Do you have reliable transportation: _____

Personal Information:

Have you ever applied to work here before? Yes No

If yes, when and what name was used: _____

Do you have any friends, relatives or acquaintances working for EGA Yes No

If yes, state name and relationship: _____

Personal Information (Cont'd)

Are you 18 years of age or older? Yes No
Are you a citizen or approved to work in the United States? Yes No
Will you consent to a mandatory controlled substance test? Yes No
Have you ever been convicted of a criminal offense against children? Yes No
If so, please state the nature of the crime and disposition of the case: _____

Job Skill/Qualifications:

Please list below the skills and qualifications you possess for the position(s) for which you are applying: _____

Education and Training:

High School

Name	Location (city, state)	Year Graduated	Degree Earned

College/University

Name	Location (city, state)	Year Graduated	Degree Earned

Vocational School/Specialized Training:

Name	Location (city, state)	Year Graduated	Degree Earned

Previous Employment:

Employer Name: _____
Job Title: _____
Supervisors Name: _____
Employer Address: _____
City, State, Zip: _____
Phone Number: _____
Dates Employed: _____
Reason for Leaving: _____



Previous Employment (Cont'd):

Employer Name: _____
Job Title: _____
Supervisors Name: _____
Employer Address: _____
City, State, Zip: _____
Phone Number: _____
Dates Employed: _____
Reason for Leaving: _____

Employer Name: _____
Job Title: _____
Supervisors Name: _____
Employer Address: _____
City, State, Zip: _____
Phone Number: _____
Dates Employed: _____
Reason for Leaving: _____

References:

Please provide 3 personal and professional references below:

Reference Name	Relationship	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____

At-Will Employment

The relationship between you and Gym Sports, Inc. dba Elevate Gymnastics Academy (EGA) is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or EGA. No representative of EGA has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your “at will” employment status.

Applicant Signature _____ Date _____

