

North Raleigh Gymnastics

5400 Atlantic Springs Road, Raleigh, NC 27616 (919) 790-9400

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Application for Employment (Please Print)

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Relative	
<input type="checkbox"/> Other _____					
Last Name		First Name		Middle Initial	
Address		Apt. Number	City	State	Zip Code
Telephone Number(s)				Social Security Number	
H ()		W ()		C ()	

North Raleigh Gymnastics is a Drug Free Environment.

Do you agree to have a Preplacement Drug Screening

Yes

No

Best time to contact you at home is between the hours of:

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you ever filed an application with us before?

Yes

No

If Yes, give approximate date _____

Are you currently employed?

Yes

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes

No

Proof of citizenship or immigration status will be required upon employment.

Date available for work ___/___/___

What is your desired salary range? _____

Please note below with yes or no if you can work these shifts for each day listed.

	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday
8:30 – 2:30							
3:30 – 7:30						10:00 – 4:00	

Education:	Number of Years Completed	Did you Graduate?	Course Study, Major or degree
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Name and Location of High School	1 2 3 4	Yes No	
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Name and Location of College	1 2 3 4	Yes No	
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Describe any apprenticeships or other specialized training:

Describe any honors you have received:

Gymnastics Experience:

Give a brief description of your gymnastic experience and background. (i.e., high school, private clubs, highest level, years in the sport, etc.)

Please list as indicated below any certifications you have received:

USAG Professional #: _____ Expiration Date: _____

CPR / First Aid Certified: Yes _____ No _____ Date _____

PDP Level 1: Yes _____ No _____ Date _____

Safety Certified: Yes _____ No _____ Date _____

Special Population Certified: Yes _____ No _____ Date _____

Additional Certifications or Clinics Attended in the Last Two Years:

Last Two Non Gymnastic Work Experiences:

1) _____ From: _____ To: _____ Starting Wage _____

Employer

Ages Taught _____ Final Wage _____

Address

Levels Taught _____ Reason for Leaving

City State

Phone _____

Contact Person

2) _____ From: _____ To: _____ Starting Wage _____

Employer

Ages Taught _____ Final Wage _____

Address

Levels Taught _____ Reason for Leaving

City State

Phone _____

Contact Person

Gymnastics Related Work Experiences:

3) _____ From: _____ To: _____ Starting Wage _____
Employer
_____ Ages Taught _____ Final Wage _____
Address
_____ Levels Taught _____ Reason for Leaving
City State
_____ Phone _____
Contact Person

4) _____ From: _____ To: _____ Starting Wage _____
Employer
_____ Ages Taught _____ Final Wage _____
Address
_____ Levels Taught _____ Reason for Leaving
City State
_____ Phone _____
Contact Person

If contact person is unreachable, may we speak to any management person that would have knowledge of your position?

Do you give us permission to run a criminal background check prior to your employment? Yes _____ No _____

I verify that all information given on this application is true to the best of my knowledge.

Applicant's Signature

Date