

# Application for Employment

Date \_\_\_\_\_

Gold Coast Gymnastics, Inc.

1420 Rupp Lane, Lake Worth- Florida 33460

561-585-2700

## Personal Information

Name (Last)	First:	Middle:				
Address: City- State- zip-						
e-mail address:		Phone number:				
Social Security Number:		DOB:				
Are you a citizen of the USA or have the legal right to work in the USA? Yes--No						
Do you own a car or have a dependable means of transportation? Yes--No						
Have you ever applied at Gold Coast Gymnastics, Inc,. before? Yes--No						
Position applied for:	Pay range:	Full Time – Part Time				
Date available to begin work:						
Availability---what days/ times are you available to work						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Education

High School:	Years Completed 1—2—3—4	Graduate? yes—no	
College/Other:	Years Completed 1—2—3—4	Graduate? yes—no	Course study, major, minor, degree?

Additional studies, apprenticeships or specialized training-

## Gymnastics- Coaching Experience

Where you a gymnast? Yes--No	Highest level achieved:
Have you coached before? Yes—No	Are you currently coaching now?
Class Coaching Experience: What have you coached? Circle all that apply Parent & Child-- Preschool 3yr-5yrs -- School age 5yr-12 – Beg, Int, adv. , Teen , Pre-team	
Team coaching experience? Yes—No What levels?	
Are you USA Gymnastics member? Yes—No	* Have current safety certification- Yes—No
USA Gymnastics background check? Yes—No	* U-100- Yes--No
Do you have a AAU membership? - Yes-No	
Are you CPR- First Aid Certified? Yes--No	
Additional coaching info about yourself:	

### Previous/ Current Employment

Employer \_\_\_\_\_ Dates(from) \_\_\_\_\_ (to) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Title \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Full-time Part-time Hours per week \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Full-time Part-time Hours per week \_\_\_\_\_  
Number of employees you supervised (if any): \_\_\_\_\_  
May we contact this employer: \_\_\_\_\_

Employer \_\_\_\_\_ Dates(from) \_\_\_\_\_ (to) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Title \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Full-time Part-time Hours per week \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Number of employees you supervised (if any): \_\_\_\_\_  
May we contact this employer: \_\_\_\_\_

Additional Employment

### References

List names, address, and relationships of three persons not related to you who know your qualifications.

1- Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
2- Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
3- Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed to give you any and all personal information concerning my previous employment and any pertinent information they may have, personal or otherwise, and the release the company from all liability for any damages that may result from utilization of such information."

Signature \_\_\_\_\_ Date \_\_\_\_\_