

Application for Employment

Date _____

Gold Coast Gymnastics, Inc.

1420 Rupp Lane, Lake Worth Beach - Florida 33460

561-585-2700 email: info@gcgym.com

Personal Information

Name (Last)

First:

Middle:

Address:

e-mail address:

Phone number:

Social Security Number-last 4 dig. : XXX-XX-

DOB:

Are you a citizen of the USA or have the legal right to work in the USA? Yes--No

Have you ever been convicted of a felony? Yes ---No

Have you been accused or convicted of sexual abuse or molestation? Yes--No

Do you own a vehicle? Yes--No

Have you ever applied at Gold Coast Gymnastics, Inc. before? Yes--No

Position applying 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?

Do you have a USA Gymnastics membership? Yes—No

Member #

If no- when was the last time your membership was current?

Are you current with all USA requirements/courses? 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 _____
Business Phone _____
Supervisor Name _____ **Supervisors Title** _____
Job Title _____ **Duties** _____

How many Full-time Part-time Hours per week did/do you work _____
Number of employees you supervised (if any): _____
Reason for leaving? _____
May we contact this employer: _____

Employer _____ **Dates**(from) _____ (to) _____
Address _____
Business Phone _____
Supervisor Name _____ **Supervisors Title** _____
Job Title _____ **Duties** _____

How many Full-time Part-time Hours per week did/do you work _____
Number of employees you supervised (if any): _____
Reason for leaving? _____
May we contact this employer: _____

Additional Employment

References

List names, addresses, and relationships of two persons not related to you who know you/your qualifications.

1- Name _____
Address _____
Phone _____ **Relationship** _____

2- 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 _____