

# HEAD OVER HEELS GYMNASTICS

## Employment Application



Please complete front and back of this application

### APPLICANT INFORMATION

Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone		E-mail Address					
Date Available		Are you interested in part time or full time hours?			Desired Salary		
Position Applied for							
Please Check What Days You Are Currently Available To Work (AM – 8:00am-12:00, PM – 3:00-8:30pm)		Monday AM <input type="checkbox"/>	Monday PM <input type="checkbox"/>	Tuesday AM <input type="checkbox"/>	Tuesday PM <input type="checkbox"/>	Wednesday AM <input type="checkbox"/>	Wednesday PM <input type="checkbox"/>
		Thursday AM <input type="checkbox"/>	Thursday PM <input type="checkbox"/>	Friday AM <input type="checkbox"/>	Friday PM <input type="checkbox"/>	Saturday:8am-2:30pm <input type="checkbox"/>	
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

### 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"/>			

