

Employment Application for Flip City Gymnastics Coaching Positions

Programs, services and employment are equally available to everyone. Please inform us if you require reasonable accommodations for the application or interview.

Please fill out the following application completely. Any blank information could lead to the application not being accepted.

Personal Information

Name: _____ If under 18, please list date of birth: _____

Current Address: _____

Permanent Address (if different): _____

Phone Number: _____ Email: _____

Are you legally allowed to work in the United States? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain. _____

Have you ever been convicted or pleaded no contest to any crime involving a minor or a child? Yes _____ No _____
If yes, please explain. _____

Have you ever been convicted of any sexual crime? Yes _____ No _____ If yes, please explain. _____

Answering yes to any of the above questions does not necessarily constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

A background check will be done on all applicants.

Yes, I give my permission for Flip City Gymnastics to conduct a background check. Please initial: _____

No, I do not give my permission for a background check. I do realize that if I do not give my consent that my application may not be considered. Please initial. _____ And list reasons: _____

Educational Background

Grade	Name/Location	Degree/Area of Study	Did You Graduate?
High School			
College/Trade			

Activities & Memberships

Please list any school, community, or professional activities or memberships.

Name of activity/membership	Dates of Participation	Achievements

Employment Background

Please list last four former employers, starting with the most recent. State any reason we may not contact an employer for reference.

Name of Past Employer	Address	Dates	Wage	Reason for Leaving	May we contact?

Personal References: All references may be called.

Name	Relationship to the Applicant	Phone Number

Position applied for: _____

Are you CPR Certified? Yes ____ No ____ Exp: _____ Are you First Aid Certified? Yes ____ No ____ Exp: _____

The gym is not on a bus line. Do you have adequate transportation to and from the gym?

Yes ____ No ____ If yes, please explain: _____

Summarize any gymnastics experience you have had as an athlete: _____

Summarize any gymnastics experience you have had as a coach: _____

Summarize any other experience you have had working with children: _____

Summarize any other skills or experience you have relating to the position for which you are applying: _____

Availability:

Please list all times you would be available to work.

Day	Start Time	End Time	Start Time	End Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Do you expect your availability schedule to change in the next 4 months? Yes: ____ No: ____ If yes, when? _____

Approximately how many hours per week do you wish to work? _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and I 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 above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Flip City Gymnastics from any liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Flip City Gymnastics has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Applicant Signature: _____ Date: _____

Printed Name: _____