

Troy Gymnastics
Employment Application



Applicant Information

Date ___/___/___

Full Name _____

Address _____

Previous address if less then 2 years at current address

Home Phone (____) _____

Cell Phone(____) _____

E-mail Address _____

Positions applying for _____

Desired hourly pay \$ _____

Please circle Y for yes and N for no

Are you a united states citizen Y or N If no, are you authorized to work in the United States? Y or N

Have you ever been employed by Troy Gymnastics? Y or N

Have you ever been convicted of a felony or a misdemeanor? Y or N

Have you ever been convicted of an alcohol or drug related offense? Y or N

Do you currently have a valid Michigan driver's license? If yes, please provide a copy

Have you ever had a suspended driver's license, Y or N If so, please explain _____

Education

High school attended _____

Did you graduate? Y or N

College attended _____

Relevant courses taken _____

Did you graduate? Y or N what degree? _____

Other educations (including trade school, post high school education, community college, specialty classes)

Please list any gymnastics or sporting experience you have, including playing or coaching

Please list any special awards or academic recognitions you have received

Are you physically able to spot a gymnast (50-100+ lbs)? Y or N

What is one unique thing about you? _____

How did you hear about us? _____

Personal Reference

Please list three personal references we may contact (not family members).

Name _____

Address _____

Phone number and or email address _____

Relationship _____

Name _____
Address _____
Phone number and or email address _____
Relationship _____

Name _____
Address _____
Phone number and or email address _____
Relationship _____

Employment History

Company _____ Dates of employment _____ to _____
Address _____ Your job title(s) _____
Phone number (_____) _____

List you job duties and responsibilities _____
Starting Pay \$ _____ Ending Pay \$ _____

Name and title of your supervisor _____
Reason for leaving the company? _____
May we contact you supervisor? Y or N

Company _____ Dates of employment _____ to _____
Address _____ Your job title(s) _____
Phone number (_____) _____

List you job duties and responsibilities _____
Starting Pay \$ _____ Ending Pay \$ _____

Name and title of your supervisor _____
Reason for leaving the company? _____
May we contact you supervisor? Y or N

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Address _____ Your job title(s) _____
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List you job duties and responsibilities _____
Starting Pay \$ _____ Ending Pay \$ _____

Name and title of your supervisor _____
Reason for leaving the company? _____
May we contact you supervisor? Y or N

Certification

I hereby certify that I have reviewed the information contained in this application and that it is true and accurate to the best of my knowledge and information. I understand that Troy Gymnastics has the right to review and verify all information contained in this application. If needed, I will sign any authorization necessary for Troy Gymnastics to receive verification.

I also understand that Troy Gymnastics, because of its mission and purpose is an alcohol and drug free environment. While at present we are not requiring alcohol or drug testing of our employees, we reserve the right to do so at any time, and you understand that as a condition of employment, we reserve the right to conduct such tests, and that the use of illegal or controlled substances not prescribed by a physician or the use of alcohol while on the job, or being under the influence of alcohol while on the job, will result in immediate termination.

Signature _____ Date ____/____/____