

# Morgan's Gymnastics Academy, LLC

208-A Computer Drive, Smithfield, NC 27577 (919) 989-7003

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

## Application for Employment (Please Print)

Position(s) applied for:		Date of application:	
How did you learn about us?			
Last Name		First Name	Middle Name
Address		City	State Zip Code
Telephone Number(s)	Date of Birth:	Social Security Number	
Home	Cell	Work	

Best time to contact you at home is between the hours of:	
Have you ever filed an application with us before?	
<i>If Yes, give approximate date</i>	
Are you currently employed?	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	

Date available for work	Desired Salary Range?					
Please note below with yes or no if you can work these shifts for each day listed.						
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
8:30-2:30						10:00-3:30
3:30-7:30						

## Education

Number of Years  
Completed

Did you  
graduate?

Course Study,  
Major or Degree

Name & Location of High School				
Name & Location of College				
Describe any apprenticeships or other specialized training:				
Describe any honors you have received:				

## Gymnastics Experience

Give a brief description of your gymnastics experience and background. (i.e., high school, private clubs, highest level, years in the sport, etc.)

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Please list as indicated below any certifications you have received:

USAG Professional #:		Expiration Date:	
CPR/First Aid Certified:		Date:	
PDP Level 1:		Date:	
Safety Certified:		Date:	
Additional certifications or clinics attended in the last two years:			

## Work Experience

Last Two Non Gymnastics Work Experiences:

<b>1. Employer</b>		<b>From:</b>	<b>To:</b>	<b>Start Wage:</b>	<b>Final Wage:</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Contact Person</b>	<b>Contact Number</b>
<b>Responsibilities:</b>					
<b>Reason For Leaving:</b>					
<b>2. Employer</b>		<b>From:</b>	<b>To:</b>	<b>Start Wage:</b>	<b>Final Wage:</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Contact Person</b>	<b>Contact Number</b>
<b>Responsibilities:</b>					

<b>Reason For Leaving:</b>	
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**Gymnastics Related Work Experiences:**

<b>1. Employer</b>	<b>From:</b>	<b>To:</b>	<b>Start Wage:</b>	<b>Final Wage:</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Contact Person</b>
				<b>Contact Number</b>
<b>Responsibilities:</b>				
<b>Reason For Leaving:</b>				
	<b>Ages Taught</b>		<b>Levels Taught</b>	

<b>2. Employer</b>	<b>From:</b>	<b>To:</b>	<b>Start Wage:</b>	<b>Final Wage:</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Contact Person</b>
				<b>Contact Number</b>
<b>Responsibilities:</b>				
<b>Reason For Leaving:</b>				
	<b>Ages Taught</b>		<b>Levels Taught</b>	

<b>If contact person(s) are unreachable, may we speak to any management person that would have knowledge of your position?</b>	
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**Personal References**

Please list three people not related to you as a personal reference.

<b>1. Name</b>	<b>Relationship</b>	<b>How Long?</b>	<b>Phone Number</b>
<b>2. Name</b>	<b>Relationship</b>	<b>How Long?</b>	<b>Phone Number</b>
<b>3. Name</b>	<b>Relationship</b>	<b>How Long?</b>	<b>Phone Number</b>

<b>Do you give us permission to run a criminal background check prior to your employment?</b>		<b>Initial</b>	
<b>I verify that all information given on this application is true to the best of my knowledge.</b>			
<b>Applicant's Signature</b>		<b>Date</b>	