## TNT Gymnastics & Fitness Complex - Employee Application

	E	<b>EMPLC</b>	YEE	INFORMATION					
Name:				Today's Date:					
Telephone: ()	Email: _								
Address:									
City:	State:			Zip Code:					
Are you able to perform the ess the position with or without a		Yes	No						
I am legally eligible for employ	ment in the U.S.?	Yes	No	If no, are you authorized to work	in the U.S.? Y	es No			
I am seeking a part time position.		Yes	No						
I am seeking a full time position.		Yes	No						
Have you ever worked for this company before?		Yes	No	If yes, when?					
Have you ever been convicted of a	a felony?	Yes	No						
If yes, explain:									
		EMPL	OYM	ENT HISTORY	-				
	st. Include summer or	tempo	rary j	obs. Be sure all your experience or e					
				eet of paper if necessary. No more	1				
Employer name and state	Position title/dut	ies, sk	ius:		Start date:	End date:			
					Reason for	leaving:			
Pay: \$									
Per:	Supervisor:			Telephone:					
Employer name and state:	Position title/dut	ies, sk	Start date:	End date:					
					Reason for	leaving:			
<u> </u>	<u> </u> -								
Pay: \$ Per:	Supervisor:			Telephone:					
Employer name and state:	Position title/dut	ies, sk	ills:	. сторитоно	Start date:	End date:			
					Reason for	leaving:			
	]					_			
Pay: \$ Per:	Supervisor:			Telephone:					
Employer name and address:	Position title/dut	ies, sk	ills:	тетерноне.	Start date:	End date:			
	_				Dancer for	la a visa e a			
	-				Reason for	teaving:			
Pay: \$	1								
Per:	Supervisor:			Telephone:					

		EDUCATIO	N					
High School:		Graduated? (Circ	le One) Yes / No	/ GED Year	Graduated			
College:		_ Graduated? (Circl	e One) Yes / No	Year Gı	raduated			
College- How many	years completed?	Degree(s)	Earned?					
		MILITARY						
Are you a veteran? Duty/specialized train	Yes	□ No						
		Additional Ques	tions					
Are you willing to s	hadow to experience a	shift in action?						
Any prior coaching experience? (Not just gymnastics) / Any other experience working with children?								
If yes, how would you describe your coaching style?								
What is hours are yo	ou currently available to	work in a 7 day we	eek?					
Mon: Tue	s: Weds:	Thurs:	Friday:	Sat:	Sun:			
Any other comments, special skills, or abilities that we should consider?								
		DEFEDENCE	C					
List two personal refe	erences who are not relati	REFERENCE ves.	3					
Name	E-mail	Telephone		Occupation	Years known			
Name	E-mail	Telephone		Occupation	Years known			
	Unaca mlagas sesses et	EMERGENC'	Y CONTACT					
n case of accident or i	llness, please contact:							
lame:	Ph	one Number:	Re	lationship:				

## INFORMATION / SIGNATURE OF THE APPLICANT

I certify that my answers are true and completed to the best of my knowledge. If this application leads to employment I understand that false or misleading information in my application or interview may result in my release.

Signature of Applicant