



Bounce Back Gymnastics Application for Employment

Last Name: _____ First: _____

Are you over 18? _____ DOB: _____ Other Names Used: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Position Desired: _____ Referred By: _____

Name and Phone Number of Parent or Guardian: _____

Are you a US Citizen? _____ Military Service? _____

Desired Pay Rate: _____ How many hours desired per week: _____

Have you ever worked for this company before? (If yes, why did you stop?): _____

Have you ever been convicted of a crime that had not been expunged by the courts other than a minor traffic offense? Include any crimes against children. Yes No (Answering yes does not constitute an automatic bar from employment. Such factors as age and date of conviction, seriousness and nature of crime, rehabilitation will be considered.)

If yes, please provide details: _____

Can you, after employment, submit verification of your right to work in the United States? _____

Availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:15a-3:00p							
2:45-7:45p							

Why would these hours work best for you? _____

How long do you expect to keep this job? _____

Our hours can vary from week to week and occasionally you may be asked to stay late, leave early, or come in and sub on your day off. Do you foresee any problems with this? _____

Education:

School Name and Location	Course of Study	No. of Years Completed	Did you Graduate?

The Safety of our students is our top priority. Teaching physical skills to children requires quick movements, spotting, and lifting children sometimes in awkward positions. The job also includes moving and adjusting equipment such as mats, beams, and bars that could weigh quite a bit. Are you physically capable of performing these duties? Any reason why any of this might be an issue? _____

Have you been dismissed from employment or laid off? _____ Why? _____

Current Certifications:

First Aid CPR Certified USAG Safe Sport USAG Safety Certification

Other Certifications: _____

Please list any job-related organizations, professional clubs, societies, or associations to which you may belong: _____

Former/Current Employers: List the last 3 employers, starting with the most recent on first. If you do not have a former employer, please provide 3 professional and/or character references.

Date Month/Year	Company and Employer Name	Phone Number/ Email	Salary	Position	Reason for Leaving

If currently employed, may we contact your current employer? _____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND 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 LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

REALIZING THIS IS A BUSINESS WORKING CLOSELY WITH CHILDREN, I UNDERSTAND THAT BY SIGNING BELOW I AM ALLOWING BOUNCE BACK GYMNASTICS TO PERFORM VARIOUS BACKGROUND CHECKS AS NECESSARY.

Signature: _____ Date: _____

Parent or Guardian Signature (if under 18yo): _____

Job Knowledge/Sport Experience/Personality:

What is your favorite snack? _____

What is your favorite movie? _____

Who is your favorite superhero and why? _____

What sports experience do you have? _____

Why do you want to work with children? _____

What do you see yourself doing in 5 years? _____

What is the highest level skill you can perform on each event? _____

What is the highest level skill you would feel comfortable teaching/spotting? _____

Do you have experience working with children? If yes, what is your experience? _____

If you were coaching a preschool gymnastics class (3-5yo) and one student started crying what would you do?

If you had a student who wouldn't listen or follow directions, how would you handle the situation? _____

Tell me about a time you had to do something difficult. What motivated you to get through it? _____

What's the craziest thing you've ever done and why did you do it? _____

Do you love Jesus? _____ Are you a member of a church? Where? _____