



# Employment Application

Thank you for your interest in High Sierra Gymnastics. High Sierra Gymnastics is committed to creating a safe and positive environment for all, and to ensuring that it promotes an environment free of misconduct. High Sierra Gymnastics has **zero tolerance** for any type of abuse and seeks only to employ or engage those persons who share its commitment to the welfare of all gymnastics participants.

Please answer each question fully and accurately, no action can be taken on this application unless it is complete. Use blank paper if you do not have enough room on this application. **Please PRINT**, except for signature on back of this application. **PLEASE USE INK.**

Job Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you seeking [circle]: Full-time    Part-time    Temporary    Summer

Days & Times you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM						
PM						

When are you available to start employment? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Salary requested: \$ \_\_\_\_\_ per \_\_\_\_\_

### PERSONAL INFORMATION:

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you at least 18 years of age [circle]?    Yes    No

Email Address: \_\_\_\_\_

Cell Phone Number : \_\_\_\_\_

**EMPLOYMENT HISTORY:** [Please complete even if you have a resume to attach.]

Account for all periods of time including military service and any periods of unemployment. List your most current employment first. If self-employed provide company name and supply business references.

Time in position	Name and complete address of employer. [street, city, state, zip]	Name and title of last supervisor	Salary or wage per hour

Your Title: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Key Duties: \_\_\_\_\_

Time in position	Name and complete address of employer. [street, city, state, zip]	Name and title of last supervisor	Salary or wage per hour

Your Title: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Key Duties: \_\_\_\_\_

Time in position	Name and complete address of employer. [street, city, state, zip]	Name and title of last supervisor	Salary or wage per hour

Your Title: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Key Duties: \_\_\_\_\_

School	Name and complete address of school. [street, city, state, zip]	Course of Study	Graduated Yes or No	Grade Completed	Diploma/ Degree
High School					
College					
College					
Other					

**Skills:**

If you are experienced operator of any computers, business office machines or equipment. Please list.

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Word Processing [specify software]: \_\_\_\_\_

Data Entry [specify program]: \_\_\_\_\_

What computer software do you know how to use? \_\_\_\_\_

What skills or additional training do you have related to the job which you are applying? \_\_\_\_\_

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**General: You must answer all questions in this section.**

Note: a conviction or pending charge will not automatically disqualify you from consideration. However, your failure to list a conviction, pending charge or guilty plea (except those protected by law from disclosure) will disqualify you from further consideration.

1. Have you ever been convicted under any criminal law: including a plea of “guilty”, “no contest” or “deferred adjudication” [excluding minor traffic violations]? Circle: YES NO

If yes, when, where, and what was the disposition? \_\_\_\_\_

2. Do you have any charges or prosecutions that are pending? Circle: YES NO

3. Have you ever been fired from a job, or asked to resign? Circle: YES NO

4. Do you have any relatives currently employed by this organization? Circle: YES NO

5. May we contact your present employer? Circle: YES NO If no, please explain: \_\_\_\_\_

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6. USA Gymnastics membership: Member number: \_\_\_\_\_

Red Cross CPR/First Aid: \_\_\_\_\_ Expires: \_\_\_\_\_

**References:**

Please give at least three references, [including at least one family member] who are familiar with your qualifications.

NAME	COMPLETE ADDRESS [STREET, CITY, STATE, ZIP]	PHONE	OCCUPATION

**Affidavit, Consent and Release**

Please read each statement carefully before signing

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission [except omissions protected by law] may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organization to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements. A copy of this Affidavit signed by me can be used as my authorization for release of information from my former employers, school or persons named in this application.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

**I understand that this application, verbal statements by management, or subsequent employment does not create and expressed or implied contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.**

I have read, understand and, by my signature, consent to these statements.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

For HR use only:

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