



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status

Application for Employment

Last Name: _____ First: _____ Today's Date: _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _____ email address: _____

Position Desired: _____ How many hours per week do you expect to work? _____

Minimum Pay Expected: _____ Do you presently have a job you intend to keep? _____

When will you be available to start work? _____ Date of birth: _____

School Name & Location	Course of Study	Number of Years Completed	Did you Graduate?

Hours you are available to work. Please be specific.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 AM – 3 PM						
3 PM – 9 PM						

How many days a week would you like to work? _____

1. Have you had any physical disabilities or operations in the last five years? _____ If yes, please explain: _____

2. Have you ever been arrested or placed on probation? Yes _____ No _____

3. Have you ever been dismissed from employment or laid off? _____

If yes, please explain (use the back): _____

4. Do you have your own car or other dependable way to work? _____

5. Where and how long did you have lesson in gymnastics? _____

6. What other experiences do you have working with children? _____

7. List any titles, degrees, or other awards held or won relating to the position you are seeking with Iowa Gym-Nest (i.e. CPR certification, USAG Safety Certification, Microsoft Certification): _____

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

FORMER EMPLOYERS (List below your last three employers, starting with the most recent one first.)

Date Month/Year	Name and Address of Employer	Salary	Position	Reason for leaving
From: To:				
From: To:				
From: To:				

Which of these jobs did you like best? _____

REFERENCES: Give the names of three persons not related to you who you have worked for.

Name	Phone Number	Business	Years Acquainted
1.			
2.			
3.			

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANTHAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GOUNDS 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 THE 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 MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE: _____ SIGNATURE: _____