



# Racine Gymnastics Center

## Application for Employment

Please complete this application. Incomplete or unsigned applications will not be considered. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

### Personal Data

Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### Currently Employment Information

Are you employed at the present time:  Yes  No

Employer's Name: \_\_\_\_\_

1. How long have you been with this employer? \_\_\_\_\_ May be contact them?  Yes  No

2. If offered a position, when can you report for work? \_\_\_\_\_

3. If hired can you show poof of your legal right to work in the U.S.?  Yes  No

4. Have you ever been dismissed, or asked to resign from any position?  Yes  No

5. Have you ever been convicted of a felony/misdemeanor which resulted in imprisonment?  Yes  No

6. Do you have any injuries/conditions that could prevent you from doing certain activities?  Yes  No

If yes to number 4, 5, or 6, please explain: \_\_\_\_\_

### Availability

Days	Times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

### Education

School(s)	Subjects Studied (if applicable)
High School	
College (including dates attended)	

**Employment Experience (List most recent experience first)**

Name & Address	Position(s) Held	Dates (Start – End)

**References**

Name & Address (Include City, State, Zip)	Phone	Relationship

**Gymnastics Experience**

Years -      As a gymnast:                      As a coach:                      Other:

**Personal Statement**

Why would you like to work for RGC?

**Additional Information that could help you qualify for this position**

Examples include: training, classes, activities, interests, certifications, current licenses, and other skills

*The information that you provide in this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for terminations at a later date.*

With my signature below, certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

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

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