

Date _____

APPLICATION FOR EMPLOYMENT BROWN'S GYMNASTICS

NAME _____ SOCIAL SECURITY# _____ - _____ - _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE NUMBER (____) _____ US CITIZEN _____ YES _____ NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START WORK _____

PAY DESIRED _____ PER HOUR - NUMBER OF HOURS WANTED @ WEEK _____

HOURS AVAILABLE: (circle yes or no for days and times available)

Mon.	Y or N	Times	_____
Tue.	Y or N	Times	_____
Wed.	Y or N	Times	_____
Thur.	Y or N	Times	_____
Fri.	Y or N	Times	_____
Sat.	Y or N	Times	_____
Sun.	Y or N	Times	_____

Have you done Birthday parties before : _____ YES _____ NO

Are you available for any office hours: _____ YES _____ NO

ARE YOU EMPLOYED NOW: _____ YES _____ NO WHERE _____

PART-TIME OR FULL TIME: _____ NUMBER OF HOURS WORKED EACH WEEK _____

REASON FOR LEAVING _____

NAME OF SUPERVISOR AT THIS COMPANY _____ PHONE NO. _____

May we contact supervisor at this time: _____ YES _____ NO RATE OF PAY \$ _____ per hour

EDUCATION

COLLEGE _____ LOCATION _____ YR GRAD _____

MAJOR _____ DID YOU GRADUATE _____ DEGREE _____

NUMBER OF YEARS ATTENDED COLLEGE _____ DO YOU PLAN ON RETURNING _____

CLUBS OR ORGANIZATIONS YOU BELONGED TO IN COLLEGE _____

DO YOU HAVE TEACHING CERTIFICATE _____ YES _____ NO

HIGHSCHOOL NAME _____ CITY _____ STATE _____ YR GRAD _____

GYMNASTICS TRAINING AND BACKGROUND

DID YOU COMPETE IN COLLEGE YES NO HOW MANY YEARS _____

GYMNASTICS SCHOLARSHIP YES NO HOW MANY YEARS _____

COLLEGE COACHES NAME _____ PHONE # _____

AWARDS/HONORS/ACHIEVEMENTS _____

DID YOU COMPETE IN HIGH SCHOOL YES NO HOW MANY YEARS _____

HIGH SCHOOL COACHES NAME _____

WHAT LEVEL _____ HIGH SCHOOL AWARDS/ACCOMPLISHMENTS

LIST: _____

USAG COMPETITIVE GYMNAST YES NO HOW MANY YEARS _____

WHAT LEVEL(S) (List all levels and how far you went.... Ex. state, regionals, nationals, international)

LIST ANY GYMNASTICS SPECIAL TRAINING THAT YOU HAVE HAD: (INCLUDE DATES)

ARE YOU USAG "PROFESSIONAL MEMBER" YES NO EXPIRATION DATE _____

USAG PROFESSIONAL NUMBER _____ EXPIRATION DATE _____

ARE YOU USAG "SAFETY CERTIFIED" YES NO EXPIRATION DATE _____

ARE YOU USAG "KAT CERTIFIED" YES NO EXPIRATION DATE _____

ARE YOU USAG "PDP CERTIFIED" YES NO WHAT LEVELS _____

ARE YOU "CPR CERTIFIED" YES NO EXPIRATION DATE _____

ARE YOU A USAG "CERTIFIED JUDGE" YES NO WHAT LEVELS _____

ARE YOU A MEMBER OF "USECA" YES NO HOW LONG _____

ARE YOU "FIRST AID" CERTIFIED YES NO WHEN _____

ARE YOU USAG CERTIFIED MEET DIRECTOR YES NO EXPIRATION DATE _____

ARE YOU AN ATHLETIC TRAINER CERTIFIED YES NO WHEN _____

OTHER CERTIFICATIONS (P.E. Teacher, Elementary Teacher, Secondary Teacher) _____

LIST ALL USAG CONGRESS, SYMPOSIUMS, CLINICS OR MINI CONGRESSES YOU HAVE ATTENDED IN THE LAST THREE YEARS (INCLUDE LOCATION AND DATES)

GYMNASTICS

CHECK OFF AREAS YOU ARE QUALIFIED IN TEACHING AND SPOTTING:

- CAN YOU TEACH PRE-SCHOOL GYMNASTICS CLASSES YES NO
- CAN YOU TEACH BEGINNER GIRLS CLASSES (LEVEL I, & II) YES NO
- CAN YOU TEACH ADVANCED GIRLS CLASSES (LEVEL III & IV) YES NO
- CAN YOU TEACH BEGINNER BOYS CLASSES (LEVEL I, II,) YES NO
- CAN YOU TEACH ADVANCED BOYS CLASSES (LEVEL III & IV) YES NO
- CAN YOU TEACH TRAMPOLINE AND/ OR TUMBLE TRAK YES NO
- CAN YOU TEACH CHEERLEADING (STUNTS, TUMBLING) YES NO
- HAVE YOU BEEN TRAINED TO USE INGROUND LANDING PITS YES NO
- HAVE YOU BEEN TRAINED TO USE AN OVERHEAD SPOTTING RIG YES NO

LIST HIGHEST SKILL YOU CAN TEACH AND SPOT SAFELY:

TUMBLING/ACROBATICS _____ BEAM _____
VAULTING HORSE _____ UNEVEN BARS _____
TRAMPOLINE _____ TUMBLE TRAK _____
RINGS _____ SINGLE BAR _____
POMMEL HORSE _____ "P" BARS _____
MENS HIGH BAR _____ MINI TRAMP _____

LIST LAST 3 GYMNASTICS TEACHING JOBS IN DATE ORDER:

START DATE/END DATE

- 1. _____ DATES _____
- 2. _____ DATES _____
- 3. _____ DATES _____

LIST ANY OTHER COACHING EXPERIENCES THAT YOU MAY FEEL QUALIFY YOU FOR THE POSITION YOU ARE APPLYING FOR _____

EMPLOYMENT HISTORY

NAME OF PRESENT EMPLOYER _____

LOCATION OF PRESENT EMPLOYMENT _____

STARTING DATE _____ LEAVING DATE _____ HOURLY PAY \$ _____

NUMBER OF HOURS WORKED @ WEEK _____ JOB TITLE _____

SUPERVISOR NAME _____ PHONE NUMBER _____

REASON FOR LEAVING _____

NAME OF PREVIOUS EMPLOYER _____

LOCATION OF EMPLOYMENT _____

START DATE _____ LEAVE DATE _____ RATE OF PAY \$ _____

NUMBER OF HOURS WORKED @ WEEK _____ JOB TITLE _____

SUPERVISOR NAME _____ PHONE NUMBER _____

REASON FOR LEAVING _____

NAME OF PREVIOUS EMPLOYER _____

LOCATION OF EMPLOYMENT _____

START DATE _____ TERMINATED _____ RATE OF PAY \$ _____

NUMBER OF HOURS WORKED @ WEEK _____ JOB TITLE _____

SUPERVISOR NAME _____ PHONE NUMBER _____

REASON FOR LEAVING _____

PROFESSIONAL REFERENCES

	NAME	ADDRESS	BUSINESS	YRS ACQUANTED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

SPECIAL QUESTIONS

HEIGHT _____ WEIGHT _____ DO YOU HAVE ANY PHYSICAL LIMITATIONS _____

AGE _____ DATE OF BIRTH _____ HAVE YOU HAD ANY SERIOUS INJURIES _____

LIST ANY SERIOUS INJURIES THAT YOU HAVE HAD _____

ANY SURGERY _____ WHEN _____ WHAT FOR _____

WHAT FOREIGN LANGUAGES CAN YOU SPEAK _____

DO YOU HAVE A CAR FOR TRANSPORTATION _____ YOURS? _____

DRIVER'S LICENSE # _____ STATE _____

WHO REFERRED YOU TO BROWN'S GYMNASTICS _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding. 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 all information concerning my previous employment.

I also agree and encourage a complete background check on myself if officers/administrators of Brown's Gymnastics deemed it necessary. This investigation may include asking my current and any former employer and educational institutions I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I release, hold harmless and agree not to sue or file any claim of any kind against my current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by Brown's Gymnastics to complete its background investigation.

I will not work for another Brown's Gymnastics facility without the written consent from the previous Brown's facility owner/officers.

If hired, I also agree to a drug screening prior to my employment. I also acknowledge that there may be random drug screening tests during my employment at Brown's Gymnastics.

SIGNATURE OF APPLICANT

DATE

I DO HEREBY AUTHORIZE YOU TO RELEASE TO BROWN'S GYMNASTICS THE ABOVE INFORMATION CONCERNING THE FOLLOWING EMPLOYEMENT HISTORY, DATES, TITLE, HOURS, ETC.

Please attach a copy of your "drivers license", "passport" and a photograph picture of yourself. Also attach resume to this application. This application must be filled out even if you have a resume.

BROWN'S GYMNASTICS

EMPLOYMENT DEPARTMENT

740 Orange Avenue

Altamonte Springs, FL 32714

PHONE 407-869-8744 FAX 407-869-0774

APPENDIX D

"YES" answers to the following 4 questions will not necessarily result in denial of employment. We will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist us in determining your eligibility and suitability for employment. Attach additional sheets if necessary.

1. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer "YES" even if the matter was later dismissed, deferred, vacated or expunged. If you answer "YES" you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

YES _____ NO _____ Explanation: _____

2. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer "YES" even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer "YES" you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.

YES _____ NO _____ Explanation: _____

3. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer "YES" you must provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.

YES _____ NO _____ Explanation: _____

4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer "YES" you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.

YES _____ NO _____ Explanation: _____