

# THOMPSON ACADEMY OF GYMNASTICS

## Employment Application



### APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City:		State:		ZIP:	
Phone: Home Cell		E-mail Address:			
Referred by:			Are you 18 years or older?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Starting Date Available:				Desired Salary:	
Position Applied for:					
Full/Part Time, Days/Evenings:					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we inquire of your present prior employer?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a misdemeanor, gross misdemeanor, or felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				(Conviction may be considered but not necessarily disqualify an applicant from employment)	

If yes, explain:

### EDUCATION

High School		City, State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		City, State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		City, State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**PREVIOUS EMPLOYMENT**

<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**REFERENCES**

*Give below the names, addresses and phone numbers of two persons not related to you and not a former employer:*

Full Name	Relationship
Years Known	Phone ( )
Address	
Full Name	Relationship
Years Known	Phone ( )
Address	

**SPECIAL SKILLS AND EXPERIENCE**

Please state any other background, licenses, skills or experience which you feel especially qualifies you for the position for which the application is made:

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**APPLICANT HEREBY UNDERSTANDS AND REPRESENTS:**

- (a) Applicant hereby gives full authority and permission to Employer to verify the information herein with the business and personal references stated. Applicant also authorizes employer to obtain background information permitted by law. Applicant will execute and deliver such forms as may be required by local, state and federal agencies for employer to obtain or verify background information. Applicant understands that if any such investigations or reports are conducted or obtained, information as may be required by law as to their nature and scope will be supplied upon written request by Applicant.
- (b) Applicant represents that the statements and information set forth herein are true, not misleading and complete and understands that the employer will rely on said information in order to make a decision of whether or not to employ Applicant. Applicant may be rejected for employment or Employer may terminate any employment offered or commenced, among other reasons, if it appears any statement or information furnished by the Applicant or Employee is untrue, misleading or incomplete. Applicant (and if employed, each employee) shall inform employer promptly of all changes which occur affecting the information provided employer.
- (c) If a conditional offer of employment is made by Employer or if Applicant is employed, Applicant shall be required to furnish Applicant's social security number and evidence of citizenship, visa, or other qualification for employment as required or permitted by law. Following a conditional offer of employment made to Applicant. Applicant may be required to submit to a medical examination as to work related abilities or conditions if required of all other persons conditionally offered employment for the same or similar position. If employed, Applicant may thereafter be required to furnish medical history and prior illness or injury information and other information if and to the extent required or permitted by law.
- (d) APPLICANT ACKNOWLEDGES THAT IF EMPLOYED BY EMPLOYER, APPLICANT SHALL BE AT ALL TIMES AN EMPLOYEE AT WILL, AND SUCH EMPLOYMENT MAY BE TERMINATED OR SUSPENDED AT ANY TIME BY EMPLOYER, WITH OR WITHOUT CAUSE, OR FOR NO CAUSE WHATSOEVER, IN THE SOLE DISCRETION OF EMPLOYER FOR ANY REASON NOT SPECIFICALLY PRECLUDED BY APPLICABLE LAW . NEITHER THE ACCEPTANCE OF THIS APPLICATION, NOR AN OFFER OF EMPLOYMENT, NOR THE MENT OF APPLICANT, SHALL CONSTITUTE OR BE CONSTRUED AS A PROMISE, AGREEMENT, OR COMMITMENT OF EMPLOYER OF CONTINUING EMPLOYMENT OF APPLICANT. IF EMPLOYED, APPLICANT SHALL BE REQUIRED TO COMPLY WITH ALL PROPER EMPLOYER POLICIES, RULES AND INSTRUCTIONS, AND EMPLOYER RESERVES THE RIGHT TO AMEND, CHANGE OR TERMINATE ANY SUCH POLICIES, RULES AND INSTRUCTIONS AT ANY TIME IN ITS SOLE DISCRETION UNLESS PROHIBITED BY LAW.

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

I understand that the employer will require a criminal background check to complete the application process.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date