

JOB APPLICATION

Balance Gymnastics Center
226 E Lincoln, Fergus Falls, Minnesota 56537
balancegymnasticscenter.com

Balance Gymnastics Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative. Please fill out all the sections below:

APPLICANT INFORMATION

Applicant Name: _____
Address: _____ City, State and Zip Code: _____
Phone Number: _____
Email Address: _____
Date of Application: _____

EMPLOYMENT POSITION

Position(s) applying for: Gymnastics Coach (part time)

How did you hear about this position? _____
What days are you available for work? _____
What hours or shift are you available for work? _____
On what date can you start working if you are hired? _____

PERSONAL INFORMATION

Do you have any friends, relatives, or acquaintances working for Balance Gymnastics Center? Yes No

If yes, state name & relationship: _____

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status? _____

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below. _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

JOB SKILLS/QUALIFICATIONS

Please list below the skills and qualifications you possess for the position for which you are applying: _____

(Note: Balance Gymnastics Center complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

EDUCATION AND TRAINING

High School			
Name	Location (City, State)	Year Graduated	Degree Earned

College/University			
Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training			
Name	Location (City, State)	Year Graduated	Degree Earned

Military

Are you a member of the Armed Services? _____
What branch of the military did you enlist? _____
What was your military rank when discharged? _____
How many years did you serve in the military? _____
What military skills do you possess that would be an asset for this position?

PREVIOUS EMPLOYMENT

Employer Name: _____ Job Title: _____
Supervisor Name: _____ Employer Phone: _____
Employer Address: _____ City, State and Zip Code: _____
Dates Employed: _____ Reason for leaving: _____

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Dates Employed: _____ Reason for leaving: _____

Employer Name: _____ Job Title: _____
Supervisor Name: _____ Employer Phone: _____
Employer Address: _____ City, State and Zip Code: _____
Dates Employed: _____ Reason for leaving: _____

REFERENCES

Please provide 1 personal and professional reference(s) below:

Reference	Contact Information

AT-WILL EMPLOYMENT

The relationship between you and the Balance Gymnastics Center is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Balance Gymnastics Center. No representative of Balance Gymnastics Center has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____ **Dated:** _____