

Morgan's Gymnastics Academy, Inc.

208-A Computer Drive, Smithfield, NC 27577 (919) 989-7003

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Application for Employment (Please Print)

Position(s) applied for:		Date of application:	
How did you learn about us?			
Last Name	First Name	Middle Initial	
Address		City	State Zip Code
Telephone Number(s):		Social Security Number	
Home	Cell	Work	

Best time to contact you at home is between the hours of:

Have you ever filed an application with us before?

If Yes, give approximate date

Are you currently employed?

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

Date available for work	Desired Salary Range?					
Please note below with yes or no if you can work these shifts for each day listed.						
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
8:30-2:30						10:00-3:30
3:30-7:30						

Education	Number of Years Completed	Did you graduate?	Course Study, Major or Degree
Name & Location of High School			
Name & Location of College			
Describe any apprenticeships or other specialized training:			
Describe any honors you have received:			

Gymnastics Experience

Give a brief description of your gymnastics experience and background. (i.e., high school, private clubs, highest level, years in the sport, etc.)

Please list as indicated below any certifications you have received:

USAG Professional #:		Expiration Date:
CPR/First Aid Certified:		Date:
PDP Level 1:		Date:
Safety Certified:		Date:
Additional certifications or clinics attended in the last two years:		

Work Experience

Last Two Non Gymnastics Work Experiences:

1. Employer	From:	To:	Start Wage:	Final Wage:	
Address	City	State	Zip	Contact Person	Contact Number

Responsibilities:

Reason For Leaving:

2. Employer	From:	To:	Start Wage:	Final Wage:	
Address	City	State	Zip	Contact Person	Contact Number

Responsibilities:

Reason For Leaving:

Gymnastics Related Work Experiences:

1. Employer	From:	To:	Start Wage:	Final Wage:	
Address	City	State	Zip	Contact Person	Contact Number
Responsibilities:					
Reason For Leaving:	Ages Taught			Levels Taught	

2. Employer	From:	To:	Start Wage:	Final Wage:	
Address	City	State	Zip	Contact Person	Contact Number
Responsibilities:					
Reason For Leaving:	Ages Taught			Levels Taught	

If contact person(s) are unreachable, may we speak to any management person that would have knowledge of your position?

Personal References

Please list three people not related to you as a personal reference.

1. Name	Relationship	How Long?	Phone Number
2. Name	Relationship	How Long?	Phone Number
3. Name	Relationship	How Long?	Phone Number

Do you give us permission to run a criminal background check prior to your employment?	Initial
I verify that all information given on this application is true to the best of my knowledge.	
Applicant's Signature	Date