

# MORGAN'S GYMNASTICS CAMP FIT-N-FUN EMPLOYEE APPLICATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SS #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**PLEASE READ CAREFULLY AND COMPLETE BY PRINTING IN INK**

### **An Equal Opportunity Employer**

We are an equal opportunity employer, we do not and will not discriminate on the basis of race, religion, natural origin, sex, age, or marital status. Information provided on this application will not used for any discriminatory purpose.

### **Provide all Information requested**

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

### **Employment Record**

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a seperate sheet. You may attach a resume, but complete this form as well.

Last or Present Company: \_\_\_\_\_ Type of Busirress: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Description: \_\_\_\_\_ Base Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of Work: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Continue from page one:**

Last or Present Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Description: \_\_\_\_\_ Base Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of Work: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Last or Present Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Description: \_\_\_\_\_ Base Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of Work: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Education History:**

<i>High School</i>	<i>Location (city/State)</i>	<i>Highest Grade Completed</i>	<i>Dates Attended</i>
<i>College (List All)</i>	<i>Location (city/State)</i>	<i>Degree/Highest Grade Comp.</i>	<i>Dates Attended</i>
<i>Other Educational Training</i>	<i>Location (city/State)</i>	<i>Degree/Highest Grade Comp.</i>	<i>Dates Attended</i>

**Other Activities**

*(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)*

Professional memberships, certificates, or license held: \_\_\_\_\_  
\_\_\_\_\_

Past and Present board/offices held: \_\_\_\_\_  
\_\_\_\_\_

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

**Professional/Work References:**

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

**Please provide the following information to the best of your knowledge.**

May we contact your present or previous employer? \_\_\_\_\_

Wage or Salary Expected: \$ \_\_\_\_\_ If hired, when can you start? \_\_\_\_\_

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself. I understand that a criminal background check will be performed and give my permission for this to be done.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date