



APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Personal Information

Name: _____ SSN: _____ Date: _____

Present Address: _____ City/State/Zip: _____

Permanent Address: _____ City/State/Zip: _____

Home Number: _____ Email: _____

Other Number: _____ Age 18 or older? YES NO (circle one)

Employment Desired

Position: _____ Start Date: _____ Pay Desired: _____

Are you currently employed: _____ If yes, can we contact your current employer? _____

Gymnastics/Cheerleading Experience (If you indicated an instructor position, please complete this section)

Are you now or have you ever been: Safety Certified _____ CPR Certified _____

First Aid Certified _____ KAT Certified _____ Gymnastics Level 1 Certified _____

(please circle those certifications that are still current)

Gymnastics/Cheer Employment (list below last three employers, starting with the most recent)

Date (mo/yr)	Name & Address of Employer	Supervisor	Position	Reason for Leaving
From:				
To:		Phone:		
Date (mo/yr)	Name & Address of Employer	Supervisor	Position	Reason for Leaving
From:				
To:		Phone:		
Date (mo/yr)	Name & Address of Employer	Supervisor	Position	Reason for Leaving
From:				
To:		Phone:		

Which of these positions did you like best and why? _____

Other Employment (list below last two employers, starting with the most recent)

Date (mo/yr)	Name & Address of Employer	Supervisor	Position	Reason for Leaving
From:				
To:		Phone:		
Date (mo/yr)	Name & Address of Employer	Supervisor	Position	Reason for Leaving
From:				
To:		Phone:		

References (In addition to past employers, please provide two unrelated persons whom you've known for at least one year)

Name	Address	Phone	How Known	How Long?

Education

	Name & Location of School	No. Of Years	Did you Graduate?	Major or Concentration
High School				
College				
Graduate School				
Trade/Business School				

General

Specific Skills: _____

Interests, Activities, Honors: _____

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated. I agree that all references and former employers may be contacted for a job reference. I also agree that any individual who has knowledge concerning my character or past job performance may be contacted for an employment reference even if I have not supplied their name on this application. I give my permission for Premier Cheerleading of East Alabama, Inc. or those acting as the agents of Premier Cheerleading of East Alabama, Inc., to conduct background checks prior to or during the course of my employment including criminal and police background checks as well as credit histories. I understand and agree that all employees of Premier Cheerleading of East Alabama, Inc. are at-will employees. This means that employees can be dismissed at any time for any reason or for no reason. No one at Premier Cheerleading of East Alabama, Inc. has the authority to promise any employee that he or she will be employed for any particular or indefinite period of time. I also agree that during the first eight weeks of employment all employees will be considered to be "in training," as references are checked as well as the information supplied on this application and while interviewing.

Signature of Applicant

Date

ADDITIONAL INFORMATION FOR TEACHERS & COACHES

Please detail your experience as a gymnast or cheerleader. Indicate where you did your gym/cheer training, how long you participated and how far you progressed. Start with your most recent training.

1.

2.

3.

Please detail your experience as a gymnastics or cheerleading teacher or coach. Provide details concerning the employment experience you detailed on the first page of this application. What groups or levels did you work with, what were your duties and what did you accomplished?

1.

2.

3.

Describe in detail three drills or approaches that you would use with a group of 8 year olds who were having trouble mastering a cartwheel.

1.

2.

3.

Describe you greatest strengths and weaknesses as an instructor/teacher.

FOR OFFICE USE ONLY

Interviewed By: _____

Date: _____

On time for Interview: _____

Neatly attired: _____

Communication Skills: _____

General Remarks: _____

Availability: Mon: _____ Tues: _____ Wed: _____ Thur: _____

Fri: _____ Sat: _____ Sun: _____

Start Date: _____ Applicant agrees to teach a full 16 weeks? _____

Scheduled for Training? Yes ____ No ____ Date: _____ If no, why? _____

Training Wage? _____ Starting Wage after Training? _____

Reference Check

Date	Person Contacted	Position	Confirmed	Issues
1.				
2.				
3.				

Training Record

Date	Trained With	Levels Taught	Summary of Training/Comments
1.			
2.			
3.			
4.			

If there are weaknesses or additional training is required, please detail: _____
