

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

Gym-N-Learn Application for Employment

[Pre-Employment Questionnaire]

Note: This is a portable classroom and requires daily set-up and take down of classroom. This job also requires learning to teach gymnastics.

Last Name _____ First _____ Today's Date _____

Have you ever used another name? _____ Are you over 18? _____

Street Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Cell # _____

E-mail address (print) _____

Position desired _____

Name and address of parent or guardian if applicant is a minor _____

What prompted you to apply here? Circle one: NWI Times newspaper NWI Times online Facebook

Craig's List WOM/their name _____ Our electronic sign Nothing (walk-in)

What is your desired rate of pay? _____

How many hours per week do you desire? _____ When can you start? _____

Have you ever been convicted of a crime that has not been expunged by the court, other than a minor traffic offense? Yes No *Answering "Yes" does not constitute an automatic bar to employment. Such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.*

If yes, please provide details (dates and location for all convictions) _____

School Name & Location	Course of Study	No. of Years Completed	Did You Graduate?

Available to work:

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
8:30 - 3 p.m.							
3 - 9:00 p.m.							

Why would these hours work for you? _____

The safety of our students is a top priority. Teaching physical skills to children requires quick movements and spotting and lifting heavy children, sometimes while in awkward positions. Also, a necessary part of the job includes moving and adjusting gymnastics apparatus such as heavy mats, beams, and bars that could weigh quite a bit. Can you perform the job duties of the position? _____

Have you ever been dismissed from employment or laid off? _____ Why? _____

Can you, after employment, submit verification of your right to work in the United States? _____

Check off areas you are currently certified in: USAG Safety _____ First Aid Certified _____

CPR Certified _____ Any other certifications? _____

Please list any job-related organizations, professional clubs societies or associations to which you belong. You may omit any that indicate your race, religion, national origin, national origin, sex, age, ancestry, etc...

Our hours vary from week to week and occasionally you may be asked to stay late, leave early, or come in and sub on your day off. Do you foresee any problems with this? _____

Would you like to work in the office in the future? _____

FORMER EMPLOYERS List last three employers, starting with the most recent one first. If you do not have former employees, please provide three professional and/or character references.

DATE MONTH/YEAR	NAME	WORK PHONE NUMBER EMAIL	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

If currently employed, may we contact your current employer? _____

Which of these jobs did you like best? _____

Why? _____

What did you like least? _____

Are you are a licensed teacher? _____ If so, when does your license expire? _____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

REALIZING THIS IS A BUSINESS OF CHILDREN, I UNDERSTAND THAT BY SIGNING THIS I AM ALLOWING PATTI'S ALL-AMERICAN GYMNASTICS TO PERFORM VARIOUS BACKGROUND CHECKS.

Date: _____ Signature _____

Additional Information for Teachers

Please detail your experience working with children ages 3-5 years old. Please start with your most recent training.

- 1. _____
- 2. _____
- 3. _____

Please detail your experience as a teacher or aide. Provide details concerning the employment experience you detailed on the second page of this application. What ages did you work with and what were your duties?

- 1. _____
- 2. _____

Describe in detail how you handle an upset child:

- 1. _____
- 2. _____
- 3. _____

You have a group of 3-5 year olds who are not paying attention. What do you do? _____

Describe your greatest strength and weakness as a teacher: Strength: _____

Weakness: _____

Please list any workshops attended relating to early childhood development: _____

Write lesson plans for a class of children ages 3-5. Please be specific.

Pre-Writing	Pre-Reading	Pre-Math	Centers (at least 3)

List the hardest elements you can presently do on the following equipment:

Beam _____ Bars _____ Tumbling _____ Trampoline _____

Write lesson plans for a beginning gymnastic class for girls ages 6-12. Please be specific.

Beam	Bars	Tumbling	Trampoline
			Tumbl Trak