



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

Gymnastics /Ninja Instructor Application for Employment

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: Facebook Indeed Craig's List Our electronic sign

WOM/their name _____ Other _____ Nothing (walk-in)

What is your desired rate of pay? _____

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

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

Available to work: Please **X** in the boxes you are available

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

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	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? _____

“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 as a gymnast or cheerleader. Please start with your most recent training.

Where you trained?	For how long?	Dates of when you trained
1.		
2.		
3.		

Please detail your experience as a gymnast, cheerleader, teacher, or coach. What groups or levels did you work with, if any, and what were your duties?

1. _____
2. _____

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. _____

You have a group of 4-year-olds that is not paying attention. What do you do? _____

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

Weakness: _____

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

Beam _____ Bars _____ Tumbling _____ Trampoline _____

Write a lesson plan for a beginner gymnastic class for girls ages 6-12. Please be specific.

Beam	Bars	Tumbling	Trampoline
			Tumbl Trak