Airborne Flying Tigers Gymnastics
APPLICATION FOR EMPLOYMENT

3005 W. 29th Street Unit F Greeley, CO 80631
970-352-2042 Email: airbornetigers@yahoo.com

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date You Can Start\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If under 18, please list age\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_No \_\_\_\_\_Yes

If yes, please explain conviction/s, nature of offense/s leading to conviction/s, how recently such offense/s was/were committed, sentence/s imposed and type/s of restitution/rehabilitation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifications (Check all that apply)

\_\_\_\_\_USAG Safety Certification \_\_\_\_\_First Aid
\_\_\_\_\_Gym Cert Safety Certification \_\_\_\_\_CPR
\_\_\_\_\_ACEP or ASEP Coaching Certification \_\_\_\_\_ Other Certifications (Please list)

How many hours can you work weekly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can you work evenings? \_\_\_\_\_Yes \_\_\_\_\_No

Please put an “X” in the boxes below to indicate the days you are available to work.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|  |  |  |  |  |  |

What level of classes can you teach? \_\_\_\_\_Mighty Mights \_\_\_\_\_Beginner \_\_\_\_\_Intermediate \_\_\_\_\_Pre-Team \_\_\_\_\_Compulsory Team \_\_\_\_\_Optional Team

Will you be available for training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST PREVIOUS TEACHING/COACHING EXPERIENCE AS IT RELATES TO A GYMNASTICS ENVIRONMENT

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employerAddressCity, State ZipPhone  | Name of supervisor | Employment Dates | Pay or salary |
|  | FromTo: | StartFinal |
| Job Title: |
| Reason for leaving: |
| List the duties performed, skills used or learned, advancements, promotions, continuing education while working at this company. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employerAddressCity, State ZipPhone  | Name of supervisor | Employment Dates | Pay or salary |
|  | FromTo: | StartFinal |
| Job Title: |
| Reason for leaving: |
| List the duties performed, skills used or learned, advancements, promotions, continuing education while working at this company. |

|  |  |  |  |
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