



Mountain View Gymnastics

Application for Employment

Address: 1100 S. Garfield Rd #B Airway Heights, WA 99001 Phone: 509-244-7061

General Information

Last name: _____ First: _____ Date: _____

Address: _____

Phone: _____ Email: _____

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

Position Desired: _____ Would you work in the office in the future? _____

How many hours per week do you desire: _____ Expected starting pay: _____

Available starting day: _____ Are you currently employed? _____

Fill out your availability of days and times:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available							

Will your availability change throughout the school year or summer? _____ If yes, explain. _____

Our hours vary from week to week. Occasionally you may be asked to stay late, leave early, or come in on your day off. What problems do you foresee with this? _____

Have you ever been convicted of a felony or misdemeanor? _____

If yes, explain the circumstances: _____

Employment History

List your last three employers, starting with the most recent. Please be as complete as possible.

Name: _____ Phone: _____
Address: _____
Salary: _____ Position: _____ Employed from _____ to _____
List major duties performed in this position: _____ _____
Reason(s) for leaving: _____

Name: _____ Phone: _____
Address: _____
Salary: _____ Position: _____ Employed from _____ to _____
List major duties performed in this position: _____ _____
Reason(s) for leaving: _____

Name: _____ Phone: _____
Address: _____
Salary: _____ Position: _____ Employed from _____ to _____
List major duties performed in this position: _____ _____
Reason(s) for leaving: _____

May we contact your former employer(s) while we are considering your application? _____

Which job did you like the most and why? _____

Which job did you like the least and why? _____

Have you ever been dismissed from employment or laid off? _____ If yes, why? _____

References

Please list 3 people, other than relatives, who can provide a reference.

Name: _____
Relationship to you: _____
Phone: _____ Email: _____

Name: _____
Relationship to you: _____
Phone: _____ Email: _____

Name: _____
Relationship to you: _____
Phone: _____ Email: _____

I understand that my employment relationship with Mountain View Gymnastics, if I were hired, would be one of “employment at will,” this means that no contract for employment exists, and that either Mountain View Gymnastics or I can withdraw an offer for employment or terminate the employment relationship at any time for any reason.

I hereby confirm that each answer to questions in this application is true and correct to the best of my knowledge. I understand that any incorrect or misleading statement or information provided by me, either verbally or in writing, will subject my application to disqualification from further consideration or will subject my employment to termination.

Mountain View Gymnastics number one priority is to provide a safe environment for its students. Please know that Mountain View Gymnastics performs background checks on its potential and current employees. I understand and agree that the company will administer background checks on me, and that my initial and continued employment is conditional upon the results of these checks.

I have read and understand all of the provisions of this acknowledgement. By signing this application I hold Mountain View Gymnastics and all former employers and educational institutions harmless of any result of the reference check.

Signature: _____ Date: _____