



EMPLOYMENT APPLICATION
Pacific West Gymnastics Center

32920 Alvarado Niles Road • Union City, CA 94587
510-471-0240 • 510-471-0249 fax
www.pacwestgymnastics.com

PERSONAL DATA

Name (last)	First	Middle	Social Security Number	
Address (street)	City/State	Zip	Phone	Alternate Phone
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, enter your age _____yrs. And DOB ___/___/___				

Are you a citizen of the USA or have a legal right to work in this country? Yes No (employment subject to verification)

Have you ever been convicted of anything other than a traffic violation? Yes No If yes, please explain:

Have you ever worked at Pacific West Gymnastics? Yes No If yes, who was your supervisor and under what conditions did you leave employment?

Position you are applying for?	How did you learn about us?	
Pay range expected	Seasonal or Permanent?	Date you are available to start?
<p>At Pacific West Gymnastics, teaching physical education skills to children or generally supervising children in a physical environment sometimes requires quick or unexpected movements including lifting or catching (spotting) children weighing up to 150 lbs. or more. Additionally, teaching positions also often require lifting and adjusting heavy sports apparatus. Please indicate below if you have any current or past conditions which might keep you from safely performing the physical requirements of the position for which you are applying.</p> <p><input type="checkbox"/> Yes, I am able to perform the physical requirements of the position for which I applied without jeopardizing my safety or the safety of Pacific West Gymnastics students, clients, guest, co-workers or others.</p>		

EDUCATIONAL DATA

Name and location of school	Graduated?	Years Completed	Major/course study
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4	
College/Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4	
Describe honors, apprenticeships, post graduate education or specialized training			

At Pacific West Gymnastics we believe in building strong relationships. However, despite best intentions, sometimes business relationships do not work out and that is why all employment at Pacific West Gymnastics is AT WILL, which means that either party, the employee or the company, can terminate employment at any time, with or without notice and with or without reason.

EMPLOYMENT HISTORY

COMPANY NAME	Address	Telephone Number
Name of Immediate Supervisor	<input type="checkbox"/> I am no longer employed at this company <input type="checkbox"/> I am currently employed at this company and it is OK to contact this person <input type="checkbox"/> I am currently employed at this company, please do NOT contact this person	
Start wage \$	Final wage \$	Reason for leaving?
Start Date ___/___/___	Final Date ___/___/___	
Job title or position	Describe your duties and responsibilities	

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OTHER PROFESSIONAL/SCHOOL REFERENCES (do not list relatives or family members)

Name	Address	Phone Number	Relationship & how long?

OTHER ACCOMPLISHMENTS (school, job, awards, distinction, certifications, volunteer work)

ABOUT YOU

Warmth, friendliness and a desire to help others are essential qualities for all positions at Pacific West Gymnastics. At the end of each day, our clients go home with only their memories of the way they were treated by each employee they encountered. Knowing this, please use the space below to tell us anything you feel would help us understand why you and Pacific West Gymnastics would make a great team!

UNDERSTANDING & AGREEMENT (please read each statement carefully)

I certify that the statements given on this application or during an interview are true and complete and I authorize investigation of same with exception of contacting my current employer if I have so requested in this document. I have read and agree to the above statement. _____ (initial)

I understand that if I am hired that any false, incomplete or misleading information given herein or during an interview shall result in immediate termination. I have read and agree to the above statement. _____ (initial)

I authorize the references given on this application and during any interview to give representatives of Pacific West Gymnastics any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and I release all parties from any and all liability from any damage that may result. I have read and agree to the above statement. _____ (initial)

I understand that if I am hired my continued employment is contingent upon my successful performance during a new hire period of 90 days. I have read and agree to the above statement. _____ (initial)

I understand that if I am hired my ongoing employment will be AT WILL meaning employment may be terminated by either party at any time with or without reason and with or without notice. I further understand that this AT WILL agreement cannot be changed in any way except through a written understand signed by the Company President. I have read and agree to the above statement. _____ (initial)

Signature _____ Date ____/____/____

Pacific West Gymnastics is an EQUAL OPPORTUNITY EMPLOYER (EOE) and does not discriminate against applicants or employees on the basis of race, color, gender, marital status, religion, national origin, age, veteran status, disability or any other basis prohibited by local, state or federal law. NO question on this application is intended for or will be used for the purpose of limiting or excusing any applicants consideration for employment.

AUTHORIZATION FOR BACKGROUND CHECKS

Pacific West Gymnastics' number one concern is to provide a safe and happy environment for its students. To that end, please know, Pacific West Gymnastics performs background checks on all employees.

I understand and agree that Pacific West Gymnastics will administed background checks on me and that initial and continued employment is conditional upon the results of these checks.

Signature _____ Date ____/____/____