

EWA Application for Employment

Name:

Date of Birth:

Address:

Cell Phone:

Home Phone:

Social Security #:

Email:

What Prompted you to apply here:

Word of Mouth

Facebook

Walk-In

Website

Position Desired:

Rate of Pay Desired:

Date You can Start:

Number of Desired Hours:

Currently Employed:

May We Contact Your Current Employer:

Yes

No

Yes

No

Available To Work:

Mon

Tues

Wed

8:30a - 3:00p

8:30a-3:00p

8:30a-3:00p

3:45p - 9:00p

3:45p-9:00p

3:45p-9:00p

Thurs

Fri

Sat

8:30a - 3:00p

8:30a - 3:00p

8:30a - 3:00p

3:45p - 9:00p

3:45p - 10:00p

3:45p - 10:00p

1. 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 horses and parallel bars which can weigh as much as two hundred pounds. Do you have any injuries or conditions, which could limit your ability to safely perform the duties required for the position you applied for? If yes, please explain in detail:

2. Have you ever been dismissed from employment or laid off? If yes, Why?

3. Interest, activities, honors:

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

5. Would you like to work in the office in the future?

CERTIFICATIONS:

USAG Safety Certified:	Expiration Date:	USAG Pro Member:	Expiration Date:
Yes No	<input type="checkbox"/>	Yes No	<input type="checkbox"/>
Standard First Aid:	Expiration Date:	CPR:	Expiration Date:
Yes NO	<input type="checkbox"/>	Yes No	<input type="checkbox"/>

If you have any other related certifications please list:

EDUCATIONAL BACKGROUND:

High School:	Number of Grades Completed:	Graduation Year:
College:	Number of Grades Completed:	Graduation Year:

FORMER EMPLOYERS (List below last three employers, starting with the most recent first.)

Employer:

Phone #:

Address:

Position:

Salary:

Dates (from - to)

Job Duties:

Reason For Leaving:

Employer:

Phone #:

Address:

Position:

Salary:

Dates (from - to)

Job Duties:

Reason For Leaving:

Employer:

Phone #:

Address:

Position:

Salary:

Dates (from - to)

Job Duties:

Reason For Leaving:

Which of these jobs did you like best and why?

Which of these jobs did you like least and why?

REFERENCES - List three people who can make a statement regarding your work experience, character and ability. Do not include relatives or fellow students.

Reference #1:

Relationship:

Business:

Phone Number:

Address:

Reference #2:

Relationship:

Business:

Phone Number:

Address:

Reference #3:

Relationship:

Business:

Phone Number:

Address:

Have you ever been convicted of a crime other than minor traffic violations?

Yes

No

If yes, list the charge, date and where convicted:

Disposition or current status of the violations?

Realizing this is a business of children, I understand that by signing this application, I am specifically authorizing Eagle's Wings Athletics to perform various background checks, including but not limited to reviewing my complete criminal history.

In exchange for the consideration of my job application by Eagle's Wings Athletics I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Eagle's Wings Athletics, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the empowered management body of Eagle's Wings Athletics. Both the undersigned and Eagle's Wings Athletics may end the employment relationship at any time, without specified notice or reason.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with Eagle's Wings Athletics is terminable at will for any reason by either party.

Signature:

Date:

ADDITIONAL INFORMATION FOR TEACHERS

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

Where were you trained?

For how long?

Dates you were trained?

Where were you trained?

For how long?

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Where were you trained?

For how long?

Dates you were trained?

Please detail your experience as a gymnast, cheerleader, teacher or coach. Provide details concerning the employment experience you detailed on the second page of this application. What groups or levels did you work with and what were your duties?

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:

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:
