



# Application for Employment

Address: 14305 Southercross Dr W, Suite 120, Burnsville, MN 55306  
Phone: 952.898.3889 Fax: 952.898.3849 E-mail: igmgymnastics@yahoo.com

## Personal

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 Previous Address \_\_\_\_\_  
 Telephone Number (home) \_\_\_\_\_ (mobile) \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Do you have a legal right to work in U.S.?  Yes  No  
 Are you 18 years of age or older?  Yes  No  
 In case of emergency, whom should we notify? Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Will you travel if the job requires you to?  Yes  No  
 Are you seeking part time, full time or summer only employment? \_\_\_\_\_

## General Information

Position desired \_\_\_\_\_ Pay range desired \_\_\_\_\_  
 Date available for employment \_\_\_\_\_  
 How did you become aware of this position? \_\_\_\_\_  
 Have you ever been convicted of or plead guilty to a Felony?  Yes  No  
 If "Yes" describe in full \_\_\_\_\_  
 \_\_\_\_\_  
 Are you presently employed?  Yes  No If "Yes", explain \_\_\_\_\_

## Availability

When are you available to work?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours available							

I am flexible

At IGM Gymnastics, teaching physical education skills or generally supervising children in a physical environment at time requires quick or unexpected movements including lifting/catching/spotting children weighing up to 150lbs or more. Furthermore, teaching positions often require lifting and adjusting heavy sports equipment. Please indicate below if you have current or past conditions which might keep you from safely performing the physical requirements of the position for which you are applying:

Yes, I am able to perform the physical requirements of the position for which I have applied without jeopardizing my safety or the safety of children, clients, guests or coworkers.

## Education

Name, City & State	Circle Year Completed	Did you Graduate?	Degree/Certificate (Including major subject)
High School	9 10 11 12 GED		
College/University	1 2 3 4		
Other (Specify)			

Scholastic honors and offices held (High School or College) \_\_\_\_\_

Extra Curricular activities \_\_\_\_\_

## Present & Past Employment

Starting with present employer, list your last three employers. Please be as complete as possible.

Employer's Name		Position	
Address		Major functions performed	
Period of Employment From(mo./yr.)                      To(mo.yr.)			
Supervisor's name & title	May we contact?		
Beginning salary/wage	Ending salary/wage	Reason for Leaving	

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### Professional References

Name	Company/Organization	Occupation	E-mail & Phone Number

### Coaching Positions Only

What professional job-related certifications and/or license do you hold? \_\_\_\_\_

Are you CPR certified?  Yes  No

Do you have coaching experience?  Yes  No

If "Yes", please describe? \_\_\_\_\_

Were you a gymnast?  Yes  No

If "Yes", what level of gymnastics did you reach? \_\_\_\_\_

What are your goals as a coach? \_\_\_\_\_

### Office/Marketing Positions Only

What office management experience do you have? \_\_\_\_\_

Computer Skills  Fair  Good  Excellent

List all computer programs you have experience using \_\_\_\_\_

Do you have marketing experience? If "Yes", please describe \_\_\_\_\_

List your character traits that would help work with students and parents \_\_\_\_\_

Thank you for completing this application form and for your interest in employment with IGM Gymnastics. Please feel free to attach to this application any additional information which you feel will be helpful in evaluating your qualifications.

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**Applicant Acknowledgement**

I understand that my employment relationship with IGM Gymnastics, if I am hired, would be one of “employment at will”. This means that no contract for employment exists, and that either IGM or I can withdraw an offer for employment or terminate the employment relationship at any time for any or no reason with or without prior notice.

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

Within one week of notice of employment, I will provide proof that I am legally eligible for employment in the United States.

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

Applicant’s Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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**Authorization for Background Checks**

IGM Gymnastics’ number one priority is to provide a safe environment for its students. Please know that IGM Gymnastics performs background checks on its potential and current employees/contractors.

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.

Applicant’s Signature \_\_\_\_\_ Date Signed \_\_\_\_\_