

# Main Line Gymnastics

## Employment Application

Date: \_\_\_\_\_

---

## Applicant Information

Full Name: \_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Do you have your own car?  Yes  No

If no, how will you get to work? \_\_\_\_\_

Have you ever been convicted of a crime, including sex-related or child-abuse-related offenses?  Yes  No

If yes, please explain: \_\_\_\_\_

---

Have you ever been dismissed from employment or laid off?  Yes  No

If yes, please explain: \_\_\_\_\_

---

---

## Position & Availability

**Position applying for:**  JR Instructor  Preschool Instructor  Recreational Instructor  Team Coach  Front Desk  Other: \_\_\_\_\_

**Desired Employment Type:**  Part-Time  Full-Time

**Desired Number of Hours per Week:** \_\_\_\_\_

**Date Available to Start:** \_\_\_\_\_

**Availability (please check or list hours):**

| Day       | Morning                  | Afternoon                | Evening                  |
|-----------|--------------------------|--------------------------|--------------------------|
| Monday    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday  | <input type="checkbox"/> |                          |                          |

---

## Education

**High School:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**College/University:** \_\_\_\_\_ **Degree (if applicable):** \_\_\_\_\_

**Other Certifications or Training:** \_\_\_\_\_

(e.g., USAG, CPR/First Aid, SafeSport, etc.)

---

## Gymnastics / Coaching Experience

**Do you have previous gymnastics, cheer, or tumbling experience?**  Yes  No

If yes, please describe:

---

---

**Do you have previous coaching or teaching experience?**  Yes  No

If yes, please describe (include ages, levels, and where you worked):

---

---

**List any certifications or memberships (USAG, CPR, First Aid, SafeSport, etc.):**

---

---

**Employment History**

**Most Recent Employer:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_

**Supervisor Name & Contact:** \_\_\_\_\_

**Pay/Salary:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_

**Supervisor Name & Contact:** \_\_\_\_\_

**Pay/Salary:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

---

## References

Please list **two professional or personal references** (not family members).

1. **Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

---

## Additional Information

**Why do you want to work at Main Line Gymnastics?**

---

---

**What age groups or levels are you most comfortable teaching?**

---

**Do you have any other skills or experience relevant to working with children (dance, education, customer service, etc.)?**

---

---

## Applicant Acknowledgment

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that falsification or omission of information may result in termination of employment consideration or dismissal if employed.

I authorize Main Line Gymnastics to contact my references and previous employers for verification of employment and character. I authorize Main Line Gymnastics to perform a background check on myself.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_