



MAIN LINE GYMNASTICS, LLC EMPLOYMENT APPLICATION

Thank you for your interest in working or volunteering at Main Line Gymnastics. Main Line Gymnastics is committed to creating a safe and positive environment for all, and to ensuring that it promotes an environment free of misconduct. Main Line Gymnastics has zero tolerance for any type of abuse and seeks only to employ or engage as volunteers those persons who share its commitment to the welfare of all gymnastics participants.

Please answer each question fully and accurately. Use blank papers if you do not have enough room on this application. PLEASE PRINT, except for signature on back of this application. PLEASE USE INK.

PERSONAL INFORMATION:

Name (First, Middle, Last): _____

Current Street Address: _____

City, State, Zip Code: _____

Cell Phone: _____

Home Phone: _____

Email Address: _____

Birthday: _____

Are you at least 18 years of age? (circle): **Yes** **No**

If hired, can you furnish proof you are eligible to work in the United States? (circle) **Yes**

No

How did you learn of the position?

JOB APPLIED FOR: _____ **Today's Date:** _____

Are you seeking (circle): **Part-time** **Temporary** **Summer**



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When are you available to work? (circle): **Mornings** **Evenings** **Weekends**
On Call

When are you available to start employment?

EMPLOYMENT HISTORY:
(Complete even if you have a resume to attach.)

Company/Job Title	Time in Position	Salary/Wage	Name and Phone Number of Employer	May we contact this employer? Y/N

EDUCATION:

High School	Address	Current Year	Year Graduated

College	Address	Current Year	Year Graduated	Degree



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College	Address	Current Year	Year Graduated	Degree

Other	Address	Current Year	Year Graduated	Degree

GENERAL: YOU MUST ANSWER ALL QUESTIONS IN THIS SECTION. (Circle)

1. Have you ever been convicted under any criminal law; including any plea of "guilty", "no contest" or "deferred adjudication" (excluding minor traffic violations)? **Yes** **No**

If yes, when, where, and what was the disposition? **Yes** **No**

Do you have charges or prosecutions that are pending? **Yes** **No**

Have you ever been fired from a job, or asked to resign? **Yes** **No**

Do you have any relatives currently employed by this organization? **Yes** **No**

May we contact your present employer? **Yes** **No**

If no, please explain:

Do you have a valid driver's license? **Yes** **No**

USA Gymnastics Membership: **Yes** **No**



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Member number: _____

Are you Red Cross CPR/First Aid certified?

Yes

No

Expires: _____

REFERENCES:

Give **at least three references** who are familiar with your qualifications.

NAME	PHONE	ADDRESS	OCCUPATION	RELEVANCE TO YOU

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AFFIDAVIT, CONSENT AND RELEASE:

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission (except omissions protected by law) may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.



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I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. A copy of this Affidavit signed by me can be used as my authorization for release of information from my former employers, schools or persons named in this application.

I HAVE READ AND UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand and, by my signature, consent to these statements.

SIGNATURE: _____

DATE: _____