



26601 Cabot Rd, Laguna Hills, CA 92653 949-582-3329

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

Emergency Contact: **Name:** _____ **Phone:** _____

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other (Relative to Coaching)		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Do you have any special training in the field of gymnastics? If yes, specify.

Have you ever trained others?

Have you ever supervised others?

Do you have any first aid training?

List any extracurricular activities that would be of assistance in the position applied for:

AVAILABILITY							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
A.M.							
P.M.							

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



PROSPECTIVE EMPLOYEE AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

1. I, hereby, authorize Olympica Gymnastics Academy (OGA) to conduct an investigation concerning all statements contained in my application for employment, to interview all references and employers, and to conduct any other appropriate investigation.
2. I request any duly constituted law enforcement agency or judicial officer to furnish OGA with all information pertaining to me concerning convictions and arrests for which convictions were obtained. I hereby release OGA and any law enforcement agency, judicial officer, or other individual from any liability arising from disclosure of such information pertaining to me which is obtained during said investigation.
3. I understand that any false statements or omissions of information from this application will be sufficient cause for discharge if employed.
4. I hereby give permission for a complete physical examination, if requested, including x-rays, and consent to the release of any information as may be deemed necessary by OGA.
5. By making this employment application, I agree that, absent further written agreement to the contrary, if I am accepted for employment by OGA I will thereafter on consideration of my employment, communicate, convey, and assign all of my right, title, and interest in and to any and all novel ideas, concepts, and inventions, patentable or not and any patent applications thereon, which relate to the business or operations of OGA and which are made or conceived by me either solely or jointly with others during my employment term. I will neither disclose to any other person nor use for my own personal benefit any information relating to the business of OGA which is not publicly known.
6. I understand that employment with Olympica Gymnastics Academy is on an at-will basis. This means that, if hired, the employment relationship may be terminated at will at any time, either by the employee or employer for no reason or for any reason not expressly prohibited by law. Any verbal or written representations to the contrary are invalid and should not be relied upon by current or prospective employees.

Signature in Ink: _____ Date: _____