

PEORIA ELITE GYMNASTICS ACADEMY

Instructor and Special Events Host Employment Application



| APPLICANT INFORMATION | | | | | | | | | |
|---|--|------------------------------|-----------------------------|--|------------------------------|------------------------------|-----------------------------|------|--|
| Last Name | | | First | | | M.I. | | Date | |
| Street Address | | | | | Apartment/Unit # | | | | |
| City | | | State | | | ZIP | | | |
| Phone | | | E-mail Address | | | | | | |
| Date Available | | | Hours/week Desired | | | 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 | | | | | |
| Have you ever been dismissed or laid off? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | | |
| Do you own a car? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, how will you get to work? | | | | | |
| Do you hold any of the following certifications: USAG Safety, First Aid, CPR, KAT, MELPD, Preschool FUNDamentals | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, list the certifications you hold | | | | | |
| Due to some variance in hours, you may occasionally be asked to stay late, leave early, or come in on your day off. Do you foresee any problems with this? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | | |
| 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? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, please explain in detail: | | | | | |
| 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 | | | Address | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |

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"/> | | | |
| Which of these jobs did you like best? | | | |
| Why? | | | |
| What did you like least about this job? | | | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

Availability:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------|--------|---------|-----------|----------|--------|----------|--------|
| 8:30am-3:00pm | | | | | | | |
| 3:00pm-8:00pm | | | | | | | |

REFERENCES*Please list three references. One may be a personal reference.*

| | | | |
|-----------|--|--------------|--|
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |

Additional Information for Gymnastics Instructors

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

| Where were you trained? | For how long? | Dates of when you trained |
|-------------------------|---------------|---------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

Please detail your experience as a gymnast, cheerleader, teacher, or coach. What groups did you work with and what were your duties?

| Club or school | Groups worked with and duties |
|----------------|-------------------------------|
| 1. | |
| 2. | |

Describe in detail three drills or approaches that you would use with a group of 8 year olds who are having trouble mastering a cartwheel:

| |
|----|
| 1. |
| 2. |
| 3. |

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 | |

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.

Realizing this is a business that works with children, I understand that by signing this application, I am specifically authorizing Peoria Elite Gymnastics Academy to perform various background checks, including, but not limited to, reviewing my complete criminal history.

Signature

Date