

Position(s) applying for:

Application for Employment

North Valley Gymnastics 20815 N. 28th St. Phoenix, AZ 85050 602-404-FLIP (3547) www.northvalleygymnastics.com

Date of Application: ____/___/

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status, or any condition prescribed by state or local law.

Last Name:				Home Phon	e:		
First Name	****		MI:	Cell Phone:		H to	
Home Address;				City/State/Z	ip:		
Email Address:	· · · · · · · · · · · · · · · · · · ·	<u>.</u>			,		
Social Security #	:	· · · · · ·		Date Availa	ble:	_//	
Are you at least 1	6 years old and le	egally eligible for	employment in the	U.S.? Yes	No		
		crimes in the past a the back of this a		g sex-related or chi	ld abuse related o	offenses? Yes	No
Professional Me	mberships, Cert	ifications, or Lice	enses Held:				
					e.		
Please list any sp	ecial qualification	ons or experience	you have that pe	rtain to the job yo	u are applying f	or:	······································
		•		• •			
Wage/Salary rec	quired for position	on you are applyi	ng for;	· · · · · · ·			
	···············						.
DAYS:	Monday	Please provi		re available/intere			
DATS:	Monday	ruesday	Wednesday	Thursday	Friday	Saturday	Sunday
HOURS:							
		1				1	<u> </u>
					·····		
Please read and	understand this	statement before	signing your app	lication:			
sufficient cause for m I authorize the emp	y application to be rej sloyer to contact and c	ected, or if discovered obtain information abou	after I am employed, ca ut me from background	ause for immediate term check agencies, previou	ination of my employ us employers or relate	sented information of an ament, ad employment resume of a representatives, for sea	r a personal
This application is at anytime, with or wi	te my employment rec not an employment a thout cause and witho	quest and all other perse greement. If I accept a out prior notice, unless	ons, corporations, or or, in offer of employment, required by law. I unde	ganizations who provide I understand I may resi	e information for this gn at any time, and the r than an executive o	purpose, ne employer may termin fficer of the employer, h	ate my employment
I fully understan	d and accept all	terms and condit	tions in the above	statement.			
		Signature		· · · · · ·	. V	Date	
		e-gramme				Dac	



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Employment History Starting with present or most recent, list all previous employers. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well. Employer Name: Employer Phone #: Dates Worked: From: Employer Name: Employer Name:	Educational History Name of School & Location (City,State)			Type (e.g. High School, Tra School, College)	de Major Course of Study	Years Completed	Degree/Diploma
Starting with present or most recent, list all previous employers. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well. Dob Title and brief description of job duties:	· · · · · · · · · · · · · · · · · · ·						
Employer Name: Employer Phone #: Dates Worked: From: To: Reason for Leaving: Salary: Annual: tlourly: Employer Name: Employer Address: Employer Address: Employer Phone #: Dates Worked: From: To: Reason for Leaving:	Starting with present or mo		evious employers.	If more space is required	d, please continue on a separate s	heet. You may attach a	resume, but complete this
Dates Worked: From: To: Reason for Leaving: Salary: Annual: Hourly: Employer Name: JOB Title and brief description of job duties: Employer Address: Employer Phone #: Dates Worked: From: To: Reason for Leaving:	• •				OB Title and brief descr	iption of job duties	<u>s:</u>
Employer Name: Employer Address: Employer Phone #: Dates Worked: From: To: Reason for Leaving:	Dates Worked:	From:	To:	<u> </u>	teason for Leaving:		
Employer Phone #: Dates Worked: From: To: Reason for Leaving:	• •				OB Title and brief descr	iption of job duties	E.
· · · · · · · · · · · · · · · · · · ·	Employer Phone #:	From:	То:		teason for Leaving:		

Personal/Work References

Employer Phone #:

Dates Worked:

Salary:

Employer Address:

From: _____ To: ____

Annual: _____ Hourly: _____

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position you are applying for.

Name	Title/Relationship	Address (Street, City, State, ZIP)	Phone Number (including area code)

Reason for Leaving: