ELMIRA GYMNASTICS CLUB EMPLOYMENT APPLICATION

PERSONAL INFORMATION							
FIRST NAME	LAST NAME	<u>ALOKMATIOIA</u>	APPLICATION DATE				
I mor man			Ari Lioniion Din.				
CURRENT ADDRESS							
HOME PHONE	SSN		BIRTH DATE				
CELL PHONE	EMAIL ADDRESS						
DESIRED POSITION							
DESIRED POSITION	DESIRED	POSITION	AVAILABLE START DATE				
	JESIKED I OSITION						
ARE YOU CURRENTLY	MAY WE CONTACT YO		CONTACT PERSON:				
EMPLOYED?	PRESENT/RECENT E	:MPLOYER:					
DO YOU INTEND TO CONTINUE IN YOUR CURRENT JOB IF YOU ARE HIRED?							
	DO TOU INTERED TO CONTINUE IN TOUR CONNENT JOB II 100 ARE TIMED.						
EMPLOYMENT HISTORY							
DATE: MONTH & YEAR	EMPLOYER NAME						
MOST RECENT AT TOP	& Address	POSITION HELD	REASON FOR LEAVING				
FROM							
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ТО							
EDUCATIONAL BACKGROUND							
	SCHOOL NAME DEGREE						
	& LOCATION	DATES	(IF APPLICABLE)				
HIGH SCHOOL							
	 	<u> </u>					
COLLEGE		1					

ELMIRA GYMNASTICS CLUB ~ 192 DANIEL ZENKER DRIVE ~ BIG FLATS NY 14814 607-733-0145 ~ WWW.ELMIRAGYMNASTICS.COM

FULL TIME	EXPECTED # WEEKL	Y Hours	EXPECTED PAY		
PART TIME					
IF HIRED, DO YOU EXPECT TO CONTINUE EMPLOYMENT FOR AT LEAST ONE YEAR?					
IF NO, PLEASE EXPLAIN					
PLEASE LIST AVAILABLE HOURS					
Monday					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
WHAT IS YOUR GYMNAST		LEASE LIST MOST I	DIFFICULT SKILLS		
COMPLETED ON EACH EVENT IF APPLICABLE.					
WHY DO YOU WANT TO WORK AT ELMIRA GYMNASTICS CLUB?					
Will be led wait le v	TORK AT ELMIKA OTM	NASTICS CLOB.			
WHAT CHARACTERISTICS WILL MAKE YOU A VALUABLE EMPLOYEE?					
DO YOU HAVE EXPERIENCE WORKING WITH CHILDREN? PLEASE EXPLAIN					
DO TOU HAVE EXPERIENCE WORKING WITH CHILDREN: FLEASE EXPLAIN					
DO YOU HAVE ACTIVITIES THAT MAY CONFLICT WITH YOUR ABILITY TO WORK A SCHEDULED					
SHIFT (SPORT, SCHOOL, OTHER JOB, ETC?) PLEASE EXPLAIN.					
HAVE YOU EVED DEEN DIGNICCED FROM EMBLOYMENT OR LAID OFF?					
Have you ever been dismissed from employment or laid off? Please explain.					
I LEASE LAI LAIN.					
DO YOU HAVE YOUR OWN CAR? WHAT WILL YOUR TRANSPORTATION BE?					
ARE YOU NOW, OR HAVE YOU EVER BEEN CERTIFIED IN: FIRST-AID, CPR					
PLEASE LIST APPROXIMATE EXPIRATION DATE					
Demonstrate					
REFERENCES PLEASE LIST THREE PEOPLE NOT RELATED TO YOU					
NAME	PHONE NUMBER	Business	VEADS ASSUABLED		
NAME	FHONE NUMBER	DUSINESS	YEARS ACQUAINTED		
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SUBMIT COMPLETED APPLICATION: