

Address: Extreme Gymnastics 3210 Swetzer Rd. Loomis, Ca. 95650 916-652-6559

Application for Employment

Name: (Last)	(First)		(Middle Initial)		Social Security Number:					
Local Address:										
						Zip Code:				
Street Address:			<u>City:</u>	State:	State:			Country:		
				T - 24 11 Adds						
Phone Number:			E-Mail Addre							
Are you a citizen of the U.S. or do	VOLL	Yes	No	Any offer	of employme	ent is conditiona	י מסמוו ובי	VOII		
have a legal right to work in the U.S.?		100	1.0	completing Form I-9 and providing documents establishing your identity and work authorization.						
Are you 18 years of age or older?		Yes	No	submit a b	If under 18 years of age, applicant will be required to submit a birth certificate or work certificate as					
			<u></u>		required by State or Federal law.					
Have you ever pleaded "guilty", "no-contest" or been convicted of a crime?		Yes	No	If "Yes", When and Where?						
If "Yes", please provide details:		1	<u>I</u>							
Type of employment desired:	Full-Time		Part-Time Date Available To Start:							
How many hours per week would you like to work?			1							
How were you referred to us?			_							
		Ava	ailability							
Hours Available To Work		Mon	Tue	Wed	Thur	Fri	Sat	Sun		
From:				 						
То:										
From:										
To:										

Education

Are you presently enrolled in school?		Yes			No 🔲					
If yes, please provide name and a	address of th	ne school y	ou are att	ending:						
School Name and Address:							Of Degree or rogram:	Expected (Completion Date:	
Did you successfully complete high school and receive a diploma?	Yes	If you did not complete high					u have a high	Yes	No	
List any other education, degrees,	special skill	s, qualificat	tions or ce	ertificatio	ns:					
		Employ	ment H	listory						
Company Name and Address:							Job Title:			
Company Phone Number:	Supervisor Na	ame:			<u>0</u>	Dates Of Emp	oloyment:	From:	То:	
Last Pay Rate:	Reason For Leaving (If Applicable):					May We Contact This Employer?		Yes:	No:	
Company Name and Address:							Job Title:			
Company Phone Number:	Supervisor Name:				Dates Of Employment:			From:	То:	
Last Pay Rate:	Reason For Leaving (If Applicable):				May We Contact This Employer?		Yes:	No:		
		Ref	ferenc	es						
Name:	Address:					Phone:		Relationsh	nip To You:	
I have been given the opportunity to read this emptrue and complete. I understand that any false or r dismissal if discovered at a later date. I understan Gymnastics or its authorized agent, permission to information, general reputation, education, licensi opinion with respect to potential employment with I understand that employment is contingent upon a should be convicted of a felony, or any crime involpending, or if hired, during employment. I acknowl contract or promise of employment.	misleading inform d that considerati obtain personal in ng or certifications this employer. providing authentiving dishonesty,	ation, or signification for employment of the control of confidential of confidentia	ant omission, ent may deper orts on me, ind d release from ty and employ lentiality, conti	may disquali nd upon resu cluding, but r n legal liability rment eligibili rolled substa	ify me frounds from the first from t	om consideration my references do statement dividual, school United States. xual miscondure.	on for employment and potential bacts and made in this apply, institution(s), or I agree to immedict, abuse or violer	t; or if hired, may kground check. blication or resur employer provic lately notify Extrace while my job	I lead to my I grant Extreme ne, character ling information or eme Gymnastics if I application is	
Signature of Applicant:				Date:]	