

Education

Are you presently enrolled in school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, please provide name and address of the school you are attending:				
<u>School Name and Address:</u>		<u>Type Of Degree or Program:</u>		<u>Expected Completion Date:</u>
Did you successfully complete high school and receive a diploma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you did not complete high school, do you have a high school equivalency diploma (GED)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

List any other education, degrees, special skills, qualifications or certifications:

Employment History

<u>Company Name and Address:</u>			<u>Job Title:</u>	
<u>Company Phone Number:</u>	<u>Supervisor Name:</u>	<u>Dates Of Employment:</u>	<u>From:</u>	<u>To:</u>
<u>Last Pay Rate:</u>	<u>Reason For Leaving (If Applicable):</u>	<u>May We Contact This Employer?</u>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<u>Company Name and Address:</u>			<u>Job Title:</u>	
<u>Company Phone Number:</u>	<u>Supervisor Name:</u>	<u>Dates Of Employment:</u>	<u>From:</u>	<u>To:</u>
<u>Last Pay Rate:</u>	<u>Reason For Leaving (If Applicable):</u>	<u>May We Contact This Employer?</u>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

References

Name:	Address:	Phone:	Relationship To You:

I have been given the opportunity to read this employment application thoroughly and ask questions. My signature on this form attests that all information I provided to the employer is true and complete. I understand that any false or misleading information, or significant omission, may disqualify me from consideration for employment; or if hired, may lead to my dismissal if discovered at a later date. I understand that consideration for employment may depend upon results from my references and potential background check. I grant Extreme Gymnastics or its authorized agent, permission to obtain personal investigative reports on me, including, but not limited to statements made in this application or resume, character information, general reputation, education, licensing or certifications. I authorize and release from legal liability, any individual, school, institution(s), or employer providing information or opinion with respect to potential employment with this employer.

I understand that employment is contingent upon providing authentic proof of identity and employment eligibility in the United States. I agree to immediately notify Extreme Gymnastics if I should be convicted of a felony, or any crime involving dishonesty, breach of confidentiality, controlled substances, sexual misconduct, abuse or violence while my job application is pending, or if hired, during employment. I acknowledge that employment with this employer would be at-will and that this application for employment does not create an employment contract or promise of employment.

<u>Signature of Applicant:</u>	<u>Date:</u>