**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: |  |  |  |  |  |
|  Street Address: |  |  | City: |  State: Zip Code: | Country: |
|  |  |  |  |  |
|  Phone Number: |  |  |  |  E-Mail Address: |  |
|  |  |  |  |  |
|  Are you a citizen of the U.S. or do you | Yes | No |  Any offer of employment is conditional upon you |
| have a legal right to work in the U.S.? |  |  |  completing Form I-9 and providing documents establishing your identity and work authorization. |
|  |  |  |  |
|  Are you 18 years of age or older? | Yes | No |  If under 18 years of age, applicant will be required to |
|  |  |  |  submit a birth certificate or work certificate as required by State or Federal law. |
|  Have you ever pleaded "guilty",  | Yes | No |  If "Yes", When and Where? |
|  "no-contest" or been convicted of a crime? |  |  |  |
|  If "Yes", please provide details: |  |  |
|  Type of employment desired: | Full-Time | Home Address: (If different from local address)  | Part-Time Home Address: (If different from local address)  |  Date Available To Start: |
|  How many hours per week would you like to work? |  |  |  |
|  How were you referred to us? |  |  |  |

**Availability**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hours Available To Work |  | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
| From: |  |  |  |  |  |  |  |  |
| To: |  |  |  |  |  |  |  |  |
| From: |  |  |  |  |  |  |  |  |
| To: |  |  |  |  |  |  |  |  |

**Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Are you presently enrolled in school? |  Yes Home Address: (If different from local address)  | No Home Address: (If different from local address)  |  |  |  |
|  If yes, please provide name and address of the school you are attending: |  |  |  |
|  School Name and Address: |  | Type Of Degree or Program: | Expected Completion Date: |
|  |
| Did you successfully complete high school and receive a diploma? | Yes Home Address: (If different from local address)  | No Home Address: (If different from local address)  | If you did not complete high school, do you have a high school equivalency diploma (GED)? | Yes Home Address: (If different from local address)  | No Home Address: (If different from local address)  |

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

|  |
| --- |
|  |
| **Employment History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Company Name and Address: |  |  |  Job Title: |  |  |
|  Company Phone Number: |  Supervisor Name: | Dates Of Employment: | From: | To: |
|  Last Pay Rate: |  Reason For Leaving (If Applicable): |  May We Contact This Employer? |  Yes:Home Address: (If different from local address)  | No:Home Address: (If different from local address)  |
|  Company Name and Address: |  |  |  Job Title: |  |  |
|  Company Phone Number: |  Supervisor Name: | Dates Of Employment: | From: | To: |
|  Last Pay Rate: |  Reason For Leaving (If Applicable): |  May We Contact This Employer? |  Yes:Home Address: (If different from local address)  | No:Home Address: (If different from local address)  |

**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. |

Signature of Applicant:

Date: